

Alberta Case Cost Report

For 2006/2007 Hospital Activity

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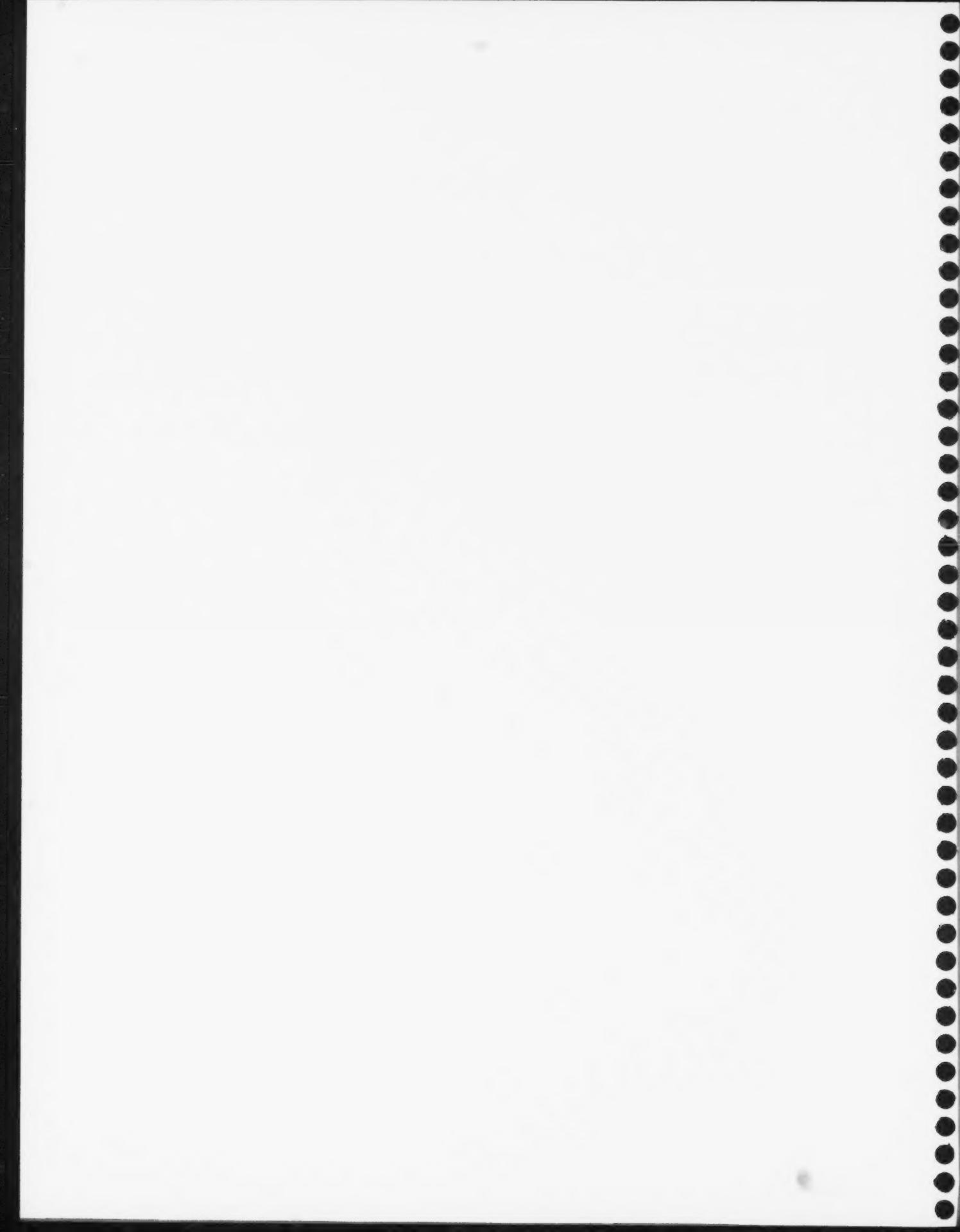
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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the tenth year. The partnership includes the costing Regional Health Authorities (RHAs) along with Alberta Health and Wellness.

The 2006/2007 Case Cost Report discloses the cost of cases that were handled by the participating health regions between April 1, 2006 and March 31, 2007. Cases are grouped by linking cost data to activity data to provide appropriate summary information.

Although the data submitted has gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the RHAs.

The inpatient costs are grouped by Case Mix Groups (CMGs), and ambulatory care costs are grouped by the Ambulatory Care Classification System (ACCS). Schedules 1 and 2 summarize cost data by CMGs and ACCS cells, respectively.

Alberta's Costing Partnership

The Information and Analysis Branch resides within Alberta Health and Wellness and is responsible for carrying on the health costing mandate. Health costing was done in conjunction with the regional health authorities (RHAs) using a common costing framework to generate patient specific case costs.

Representatives from the costing RHAs and Alberta Health and Wellness participate in the costing round table review of the provincial cost results. The participants of this Costing Function Team review the statistical analysis and cost comparisons. Issues identified in this process are investigated and resolved prior to publication of this report.

2006/2007 Costs

Volumes of Cost and Activity Data Collected

	Inpatient	Ambulatory Care				
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records (millions)	Provincial Activity Reported (millions)	Costed Records as % of Activity
2001/2002	185,000	337,500	55%	1.5	5.9	25%
2002/2003	194,000	345,000	56%	1.9	6.2	31%
2003/2004	195,000	353,000	55%	1.9	6.8	28%
2004/2005	196,000	357,000	55%	2.0	6.9	29%
2005/2006	206,000	365,000	56%	2.1	6.9	30%
2006/2007	216,000	364,000	59%	2.2	6.9	32%

Cost data were provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres, therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as operating and recovery rooms, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are reported where there are systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care.

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The following table outlines the facility and availability of patient specific cost information submitted in the 2006/2007 fiscal year.

2006/2007 Cost Data by Region/Facility

<i>Regional Health Authority</i>	<i>Site</i>	<i>Inpatient</i>	<i>E.R.</i>	<i>Day Procedure</i>	<i>Clinics</i>	<i>DI</i>	<i>Rehab</i>
Calgary	<i>Alberta Children's Hospital</i>	Yes	Yes	Yes	No	Yes	No
	<i>Foothills Medical Centre</i>	Yes	No	Yes	Yes	Yes	No
	<i>Rockyview General Hospital</i>	Yes	No	Yes	Yes	Yes	No
	<i>Peter Lougheed Centre</i>	Yes	No	No	No	Yes	No
Capital	<i>Glenrose Rehabilitation Hospital</i>	Yes	No	Yes	Yes	Yes	Yes
	<i>Misericordia Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Grey Nuns Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Royal Alexandra Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>University of Alberta Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Leduc Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Sturgeon Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Northeast Community Health Centre</i>	No	Yes	No	Yes	Yes	Yes

Capital Health currently provides the bulk of the ambulatory care cost data. Calgary Health Region and Capital Health provide similar amounts of Inpatient data. The table below shows the percent contribution from the respective regions:

2006/2007 Costed Cases

<i>Region</i>	<i>Inpatient</i>	<i>Ambulatory</i>
Capital	53% (113,822)	92% (2,021,471)
Calgary	47% (101,990)	8% (157,432)

Data Flows

Cost data collected by the participating RHAs is forwarded to the Health Information and Analysis Branch (IAB) of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the Health Funding Unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding calculations for Province Wide Services use the average costs from the inpatient data.

CIHI is also a significant user of the costing results. Alberta Health and Wellness sends the final set of cost data to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The Health Funding Unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service.

For example, the activity data includes:

- ◆ patient demographics (birth date, personal health number, gender, etc.)
- ◆ responsibility for payment
- ◆ procedure/diagnosis codes
- ◆ service dates
- ◆ service location
- ◆ patient disposition
- ◆ provider type

"...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services."¹

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include cases from Alberta residents, as well as residents from other provinces or from other countries.

All RHAs send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data is collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups the data into Case Mix Groups. This grouping methodology is also known as the CMG Grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions are submitted directly to Alberta Health and Wellness. The cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The current online version is available at:

<http://www.health.alberta.ca/newsroom/pub-annual-reports.html>

Costing data is submitted only once a year and includes, for each case, common information that is used to link the data.

In addition, the files contain the following information:

1. Patient specific supply costs
 - patient specific drug costs
 - patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other patient specific cost data
 - Functional centre direct costs:

Include all costs (salaries, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.

¹ *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*. Alberta Health and Wellness. August 2004, p. 1.

- **Functional centre indirect costs:**

Include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.

- **Non-specific patient drug allocation:**

Are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

Cost data files are initially summarized into one record that includes the total case cost. The second step is to link these costed cases to the activity files to obtain grouper assignments (ACCS cells or CMG). Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based on the length of stay (LOS) from the past three years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$$(\text{LOS of third quartile}) + (2 * (\text{LOS of third quartile} - \text{LOS of first quartile}))$$

Specific Processes for 2006/2007 Cost Computations

The cost computation processes used in this report are consistent with the prior year. For reporting purposes, simple averages were used. However, 2005/2006 costing was adjusted by inflation to assist users that want to compare multiple years of data. The inflation adjustment applies to 2005/2006 costs was 4.03 per cent.

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The data submitted was edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
 - a) exclude any cases which did not include allocated overhead costs
 - b) exclude any cases grouped to ACCS 3 (nerve injections) with a case cost less than \$16.00
 - c) exclude any cases grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than \$21.00
 - d) exclude any cases grouped to ACCS 1062, 1101, 1111, 1121, 1151, 1201, 1221, 1241, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than \$5.00
 - e) exclude any cases grouped to clinical cells not specified in 1.d) with a case cost less than \$11.00
2. Inpatient
 - a) exclude any cases with a case cost of less than \$200.00 if the length of stay is greater than one day
 - b) exclude any cases without nursing costs
 - c) exclude any cases with a cost per day less than \$100.00
 - d) exclude any cases which did not include allocated overhead costs
 - e) exclude any cases beyond the trim point
 - f) exclude any cases with an invalid length of stay

The rest of the costing process remained constant with prior years cost development.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The Health Funding and Economics Unit began utilizing these RIWs in the 2001/2002 funding calculations.

The Alberta health system adopted a new inpatient grouper effective in the 2007/2008 fiscal year. The new grouper, CMG+, is significantly different from the current CMG.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACS), which is modeled upon Alberta's ACCS. Plans are in place to switch to CACS in 2010.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used.

The variables required to define the Case Mix Groups are:

- ◆ most responsible diagnosis
- ◆ weight (for neonates)
- ◆ presence or absence of operating room procedures
- ◆ surgical hierarchy/medical hierarchy
- ◆ diagnosis types 1, 2, W, X, and Y²

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use.

The variables used in assigning the complexity levels are:

- ◆ major clinical categories/case mix groups
- ◆ pre-admission comorbidity (type 1 diagnosis)
- ◆ post-admission comorbidity (type 2 diagnosis)
- ◆ service transfer diagnosis (type W, X, or Y diagnosis)
- ◆ comorbidity grades
- ◆ number of body systems involved
- ◆ number of "complex" comorbidities³

The complexity levels are as follows:

Pix 1 – no complexity

Pix 2 – complexity related to chronic conditions

Pix 3 – complexity related to serious/important conditions

Pix 4 – complexity related to potentially life-threatening conditions

Pix 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology)⁴

A Pix group is the combination of CMG code + Pix Level. CIHI also applies an age overlay to each Pix group based on the age of the patient:

- 1) 0 to 17 years old
- 2) 18 to 69 years old
- 3) 70 plus years old

There are 478 CMG codes and 1,588 Pix groups. When the age overlay is applied to these Pix groups, the result is 4,760 new codes (commonly referred to as Apx cells). Unfortunately, there are low volume concerns for the majority of these Apx cells using the Alberta costing data. Therefore, the cost results by CMG code + Pix level + age group are not published in this report. The final set of 2006/2007 inpatient data were classified using the CIHI CMG Grouper. A relative value was calculated for all CMG groups, except for CMG 997 Stillbirths since there is no activity reported for this CMG.

² Grouping Methodologies: CMG™ and Pix™, Canadian Institute for Health Information, Revised 2000, p. 9.

³ Ibid., p. 21.

⁴ Ibid., p. 24.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consist of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 430 groups.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the Health Authority Funding and Financial Accountability Branch of Alberta Health and Wellness (780-427-0664).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top-Up

Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. Determining the top-up threshold is a somewhat subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2002/2003). Topping up these low-volume cells results in a much more extensive data set upon which to base average costs. Furthermore, this extensive data set also reduces the requirement to rely upon other jurisdictions' data for top-up. No attempt is made to top-up any cells for which no cases had been reported within the province.

Contribution to National Weights

Data from Alberta, Ontario, and British Columbia are used by CIHI to develop Resource Intensity Weights (RIWs). However, data from Alberta and Ontario are used to develop the Ambulatory Cost Weights.

Resource Intensity Weights

On an annual basis, the Canadian Institute for Health Information (CIHI) develops and publishes a schedule of RIWs based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs).

According to CIHI's Web page⁵

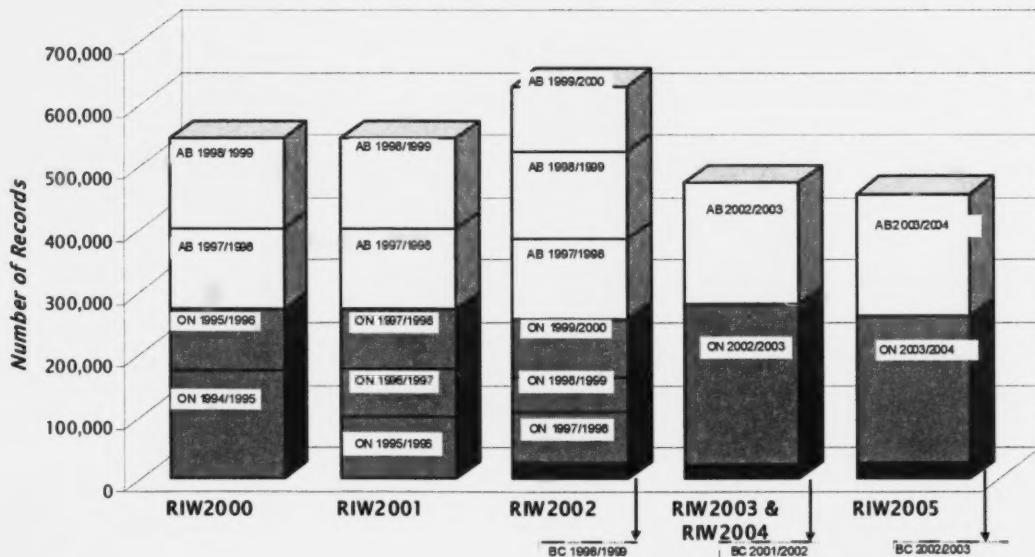
"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

Starting 2006, CIHI has not produced RIWs under the CMG Plex methodology. In subsequent publications, RIW2007 will refer to the CMG Plus grouping methodology instead.

Comparing Data Utilized by CIHI in Developing RIWs



⁵ Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e>.

Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page⁶

"ACW are made to be relative to the average cost of a specific group of patients. This is known as a 'fixed' anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, "Hemodialysis". The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service."

"Uses

- translating CACS data into cost data
- determining costs for atypical cases
- identifying priorities by CACS group for utilization management
- planning new programs & evaluating program efficiency"

Conclusion

In its tenth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attest to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The Information and Analysis Branch would like to thank all those individuals who have contributed to this work.

⁶ Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: <http://secure.cihi.ca/cihicweb/dispPage.jsp?cw_page=casemix_acw_e>







Definitions

Activity Volume Total number of hospital and clinic cases reported to the MACAR system. The MACAR system collects all inpatient and outpatient cases in Alberta.

Average Cost Mean of the costed cases.

Avg LOS Costed Cases Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.

Costed Cases The number of cases that have been costed and reported. Excluded cases and cases exceeding the trim point are not included in the number of costed cases (see page 8). The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).

Plx Level Complexity levels (refer to page 9 for a more detailed discussion)

Standard Deviation Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.

Trim Point The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.



Inpatient Information



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Schedule 1 - Inpatient Cost Results

CMG	Description	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007				
		Plx Level	2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
001	CRANIOTOMY PROCEDURES	-	19,102	16,643	1,132	1,082	8	1,222	16,111	33
		Plx1	14,050	13,987	884	921	6	937	8,846	21
		Plx2	29,058	23,597	80	55	14	85	20,898	41
		Plx3	41,241	32,131	74	59	21	81	25,377	61
		Plx4	65,143	62,175	117	87	26	119	46,438	84
003	SPINAL PROCEDURES	-	11,038	10,784	144	143	6	163	7,034	21
		Plx1	10,154	9,821	132	131	5	144	6,212	17
		Plx2	22,485	22,931	6	3	14	8	9,626	41
		Plx3	14,986	23,536	4	4	12	5	4,392	34
		Plx4	44,861	60,042	4	9	32	6	29,516	79
004	EXTRACRANIAL VASCULAR PROCEDURES	-	7,727	8,388	246	252	3	367	4,015	11
		Plx1	7,094	7,142	215	207	2	323	3,341	8
		Plx2	13,733	15,119	15	18	9	16	6,627	37
		Plx3	17,719	19,558	11	17	11	14	9,371	36
		Plx4	50,507	27,842	13	6	27	14	33,375	79
005	VENTRICULAR SHUNT REVISION	-	6,488	6,403	69	77	3	78	2,271	8
		Plx1	6,400	6,421	68	75	3	75	2,168	8
		Plx3	17,356		3		9	3	5,275	23
006	CARPAL TUNNEL RELEASE AND SPECIFIED NERVOUS SYSTEM PROCEDURES	-	6,969	6,512	70	99	3	107	4,679	10
		Plx1	6,870	6,029	67	94	2	97	4,678	7
		Plx2	10,227	34,664	3	3	9	3	6,831	27
		Plx3	34,097	26,715	3	2	23	3	1,670	53
		Plx4	101,001	56,718	4	3	37	4	38,920	129
007	PERIPHERAL, CRANIAL NERVE AND OTHER NEUROLOGICAL PROCEDURES	-	28,182	20,032	50	46	14	62	26,487	66
		Plx1	14,053	13,588	29	35	7	33	11,854	32
		Plx2	20,532	29,653	4	3	12	4	20,700	39
		Plx3	72,211	23,009	5	3	60	6	40,954	192
		Plx4	62,406	97,452	15	10	32	19	35,493	99

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Schedule 1 - Inpatient Cost Results

CMG	Description	Plx Level	Average Cost	
			2006/ 2007	* prior year inflated
010	NEOPLASM OF NERVOUS SYSTEM	-	9,252	1
		Plx1	6,803	1
		Plx2	13,221	1
		Plx3	14,988	2
		Plx4	34,848	2
011	DEGENERATIVE NERVOUS DISORDERS	-	15,833	1
		Plx1	11,407	1
		Plx2	21,801	2
		Plx3	27,067	2
		Plx4	42,521	4
012	MULTIPLE SCLEROSIS AND CEREBELLAR DISORDERS	-	6,108	1
		Plx1	6,106	1
		Plx2	27,953	1
		Plx3	47,956	3
		Plx4	67,685	2
013	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACKS	-	10,457	1
		Plx1	7,337	1
		Plx2	14,321	1
		Plx3	20,736	2
		Plx4	30,374	3
014	TRANSIENT ISCHEMIC ATTACKS AND PRECEREBRAL OCCLUSIONS	-	4,154	1
		Plx1	3,771	1
		Plx2	7,340	1
		Plx3	19,450	1
		Plx4	23,161	2
015	NONSPECIFIC CEREBROVASCULAR DISORDERS	-	9,701	1
		Plx1	6,714	1
		Plx2	9,970	1
		Plx3	15,810	1
		Plx4	19,112	2

Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007				
2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
9,252	8,573	226	258	11	398	8,960	45	
6,803	6,385	164	194	8	296	6,666	33	
13,221	11,939	36	39	17	60	8,644	54	
14,988	21,222	18	15	17	28	8,918	55	
34,848	29,593	9	11	37	14	17,194	79	
15,833	15,305	222	215	19	461	15,419	79	
11,407	11,233	156	157	15	342	10,766	66	
21,801	22,255	30	32	29	61	14,801	107	
27,067	25,787	16	15	31	31	20,918	109	
42,521	45,669	22	12	42	27	31,886	173	
6,108	7,801	75	123	7	197	5,341	37	
6,106	5,346	73	100	7	171	5,328	33	
27,953	18,772	4	12	40	13	18,741	116	
47,956	31,747	1	10	69	8		150	
67,685	24,797	3	5	57	5	58,065	175	
10,457	9,499	1,762	1,775	10	2,807	9,798	42	
7,337	6,953	1,141	1,347	7	1,901	6,052	27	
14,321	17,241	340	201	16	478	12,370	74	
20,736	20,588	154	122	21	238	15,684	81	
30,374	33,237	155	125	28	190	24,920	104	
4,154	4,273	480	529	4	1,061	3,261	14	
3,771	3,919	408	484	3	915	2,874	13	
7,340	8,388	60	34	8	98	5,576	36	
19,450	19,225	23	15	16	28	19,709	55	
23,161	22,157	16	12	27	20	17,841	93	
9,701	7,892	85	93	8	133	9,400	32	
6,714	6,867	51	74	6	89	6,363	25	
9,970	10,940	14	11	10	21	7,802	48	
15,810	16,809	12	4	12	13	9,626	37	
19,112	24,810	8	8	15	10	16,796	55	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
017 CRANIAL AND PERIPHERAL NERVE DISEASES	-	7,041	7,613	198	174	7	399	9,548	30
	Plx1	4,571	6,322	152	138	5	328	3,698	23
	Plx2	7,135	8,798	19	19	7	31	9,409	54
	Plx3	14,794	21,159	15	13	15	25	10,620	64
	Plx4	57,749	26,714	13	6	44	15	51,180	159
018 VIRAL MENINGITIS	-	2,561	2,715	56	70	3	93	1,631	8
	Plx1	2,546	2,640	52	68	3	86	1,673	8
	Plx2	3,583		2		6	4	45	17
	Plx3	1,933	8,122	2	6	3	3	858	11
019 INFECTION EXCEPT VIRAL MENINGITIS	-	9,983	9,082	185	199	8	287	9,259	27
	Plx1	7,597	6,861	135	149	7	208	6,134	21
	Plx2	14,240	12,833	19	18	11	30	10,403	34
	Plx3	11,637	17,310	17	21	11	26	9,676	45
	Plx4	26,916	28,462	20	14	18	23	14,250	60
020 HYPERTENSIVE ENCEPHALOPATHY	-	12,594	11,935	7	5	10	11	22,992	44
	Plx1	2,341	6,260	5	3	2	9	1,676	16
	Plx2	12,531	30,353	1	1	19	2		42
021 NON-TRAUMATIC STUPOR AND COMA	-	5,860	4,190	68	90	5	152	5,747	19
	Plx1	3,953	3,844	44	69	4	115	3,733	13
	Plx2	9,654	4,943	13	13	10	18	6,825	34
	Plx3	10,217	10,941	10	7	10	14	7,445	37
	Plx4	4,300	11,810	2	5	2	5	1,006	24
022 SEIZURE AND HEADACHE	-	4,111	4,137	1,222	1,175	4	2,563	3,721	10
	Plx1	3,691	3,758	1,080	1,069	3	2,301	3,144	10
	Plx2	6,779	8,381	83	58	6	128	5,276	26
	Plx3	9,674	7,992	65	48	7	86	6,344	24
	Plx4	26,942	28,884	39	31	16	48	25,383	52

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
028	OTHER NERVOUS SYSTEM DIAGNOSES	-	9,527	8,601	507	469	9	819	10,579	41
		Plx1	5,972	5,722	353	329	7	615	5,815	35
		Plx2	13,672	11,429	62	64	14	91	10,745	55
		Plx3	18,702	11,696	30	35	18	41	16,137	66
		Plx4	22,242	27,502	55	36	9	72	16,929	49
040	TRACHEOSTOMY AND GASTROSTOMY PROCEDURES	-	103,694	100,107	218	216	55	255	91,908	160
		Plx1	36,898	26,548	41	45	34	46	29,764	107
		Plx2	48,103	56,394	13	9	37	14	25,546	109
		Plx3	46,851	35,483	21	16	41	28	28,874	121
		Plx4	138,384	132,795	143	145	65	167	99,573	182
050	ORBITAL PROCEDURES	-	2,514	2,201	302	328	1	331	1,486	4
		Plx1	2,503	2,179	301	324	1	325	1,477	4
		Plx2	16,066	11,551	3	6	9	3	18,216	23
		Plx3	33,067	4,254	2	1	18	2	7,498	35
		Plx4	9,307		1		8	1		52
051	OTHER INTRAOCULAR PROCEDURES	-	2,952	2,502	110	153	1	128	2,166	4
		Plx1	2,942	2,482	109	150	1	125	2,173	4
		Plx2	4,064	4,030	1	4	2	2		13
052	RETINAL PROCEDURES	-	2,203	2,071	1,194	1,267	1	1,324	853	1
		Plx1	2,202	2,070	1,192	1,262	1	1,321	853	1
		Plx2	2,660	2,310	2	5	1	2	1,393	11
		Plx3	2,194		1		2	1		4
053	IRIS AND LENS PROCEDURES	-	2,678	2,265	10	19	1	11	1,824	4
		Plx1	2,678	2,265	10	19	1	10	1,824	4
		Plx3	7,496		1		6	1		7
054	EXTRAOCULAR PROCEDURES	-	2,586	2,219	36	37	1	53	1,285	4
		Plx1	2,527	2,219	32	37	1	53	1,336	1

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	CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
055 LENS INSERTION (MNRH)	-	3,132	2,906	250	301	1	283	1,087	1	
	Plx1	3,129	2,904	248	300	1	278	1,090	1	
	Plx2	3,491	5,378	2	1	1	2	736	2	
	Plx3	3,410	3,635	2	1	2	2	260	4	
	Plx4	21,180		1		18	1		18	
057 OTHER OPHTHALMIC PROCEDURES (MNRH)	-	2,030	2,045	46	40	1	59	889	1	
	Plx1	2,030	2,045	46	40	1	59	889	1	
060 MAJOR EYE INFECTIONS	-	5,482	5,658	62	69	5	114	4,145	14	
	Plx1	4,855	5,557	57	64	5	104	3,418	14	
	Plx2	10,968	15,780	2	6	5	3	3,621	18	
	Plx3	23,011	3,767	6	3	22	6	14,597	116	
	Plx4	22,503		1		27	1		27	
062 HYPHEMA	-	2,096	2,086	7	11	2	12	2,762	7	
	Plx1	594	2,086	4	11	1	9	206	4	
	Plx2	2,318		2		3	3	2,351	16	
063 OTHER OPHTHALMIC DIAGNOSES (MNRH)	-	3,254	3,272	112	100	3	186	2,478	12	
	Plx1	3,095	3,290	100	95	3	163	2,341	10	
	Plx2	5,616	4,789	13	7	6	16	4,854	34	
	Plx3	17,937	11,031	4	1	25	6	4,029	64	
	Plx4	62,154	14,375	1	2	55	1		55	
075 RADICAL LARYNGECTOMY AND GLOSSECTOMY	-	44,787	44,221	81	88	20	86	16,427	52	
	Plx1	37,090	36,419	47	52	16	50	12,001	35	
	Plx2	49,426	47,335	8	10	22	9	9,690	70	
	Plx3	59,548	45,133	5	6	30	5	9,570	77	
	Plx4	70,466	65,245	22	17	31	22	47,518	71	
076 MAJOR HEAD AND NECK PROCEDURES	-	16,603	13,795	172	187	7	190	18,640	34	
	Plx1	9,907	9,552	131	164	5	142	9,859	22	
	Plx2	36,589	34,329	16	9	15	16	27,039	50	
	Plx3	25,005	43,616	7	4	11	8	21,664	35	
	Plx4	66,627	81,780	21	16	24	24	56,143	76	

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
077	LESS EXTENSIVE HEAD AND NECK PROCEDURES	-	3,594	4,038	171	208	2	224	2,350	4
		Plx1	3,566	3,418	169	186	2	217	2,334	4
		Plx2	8,196	10,113	3	3	5	3	4,718	26
		Plx3	19,569	10,480	3	2	13	3	12,306	55
		Plx4	45,315	20,380	1	2	14	1		35
078	CLEFT LIP AND PALATE REPAIR	-	6,100	6,482	109	141	2	145	2,194	2
		Plx1	6,100	6,422	109	139	2	144	2,194	2
081	SALIVARY GLAND PROCEDURES	-	4,146	4,196	204	172	1	259	1,637	4
		Plx1	4,140	4,155	201	168	1	254	1,648	4
		Plx2	4,856	7,382	4	2	3	5	730	16
082	MINOR EAR, NOSE AND THROAT PROCEDURES	-	2,666	2,428	43	31	1	65	1,376	4
		Plx1	2,587	2,423	41	30	1	60	1,338	4
		Plx2	14,826	2,585	4	1	14	4	12,303	72
		Plx3	16,570		1		21	1		23
083	RECONSTRUCTIVE ENT PROCEDURES	-	7,052	7,172	496	399	2	507	3,162	5
		Plx1	7,089	7,111	497	395	2	503	3,205	7
		Plx3	12,003	13,973	2	1	5	3	8,265	18
		Plx4	13,185	59,860	1	1	5	1		8
084	MISCELLANEOUS EAR, NOSE AND THROAT PROCEDURES	-	5,353	5,604	95	126	3	119	4,688	13
		Plx1	4,735	4,918	87	120	3	106	4,112	10
		Plx2	5,584	4,388	2	1	4	2	1,600	34
		Plx3	12,749	37,717	3	3	4	4	2,856	32
		Plx4	31,879	25,173	4	4	11	7	15,690	32
085	MASTOID PROCEDURES	-	5,957	6,986	108	126	1	184	5,210	1
		Plx1	5,957	6,843	108	121	1	181	5,210	1
		Plx2	12,767	1,854	2	1	9	2	4,940	13
		Plx3	20,575	14,562	1	2	10	1		24
086	OTHER TONSILLAR PROCEDURES	-	2,809	3,741	28	18	2	50	2,439	7
		Plx1	2,809	3,861	28	16	2	50	2,439	7

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087	SINUS PROCEDURES	-	2,727	2,301	33	39	1	90	795	1
		Plx1	2,727	2,301	33	39	1	85	795	1
		Plx4	18,400		2		16	2	329	21
088	ETHMOIDECTOMY (MNRH)	-	2,698	2,135	279	313	1	403	806	1
		Plx1	2,698	2,132	279	311	1	403	806	1
089	DENTAL EXTRACTION OR RESTORATION (MNRH)	-	2,739	2,629	169	160	1	220	1,708	4
		Plx1	2,250	2,617	136	159	1	216	1,060	1
		Plx3	3,396		1		2	1		7
		Plx4	38,336	9,688	3	2	34	3	23,917	80
090	EXTERNAL AND MIDDLE EAR PROCEDURES (MNRH)	-	2,815	2,366	98	99	1	133	1,157	1
		Plx1	2,815	2,306	98	97	1	133	1,157	1
091	NASAL PROCEDURES (MNRH)	-	2,205	2,002	67	62	1	193	946	1
		Plx1	2,205	2,002	67	62	1	192	946	1
092	MYRINGOTOMY (MNRH)	-	3,529	2,645	21	24	1	31	2,446	4
		Plx1	3,121	2,645	20	24	1	30	1,620	4
		Plx3	11,684		1		3	1		9
093	TONSILLECTOMY AND ADENOIDECTOMY PROCEDURES (MNRH)	-	2,285	2,355	463	383	1	1,535	1,040	1
		Plx1	2,282	2,356	462	382	1	1,530	1,039	1
		Plx2	12,621	5,214	2	4	4	3	12,563	21
		Plx3	18,399	4,425	1	2	12	2		22
100	ENT MALIGNANCY	-	10,108	8,604	45	60	12	82	10,151	53
		Plx1	5,630	5,546	28	41	7	54	5,338	35
		Plx2	14,081	13,646	10	11	14	18	7,901	63
		Plx3	24,256	9,302	4	2	29	7	19,370	73
		Plx4	44,717	32,385	3	5	41	3	49,347	114
101	ACUTE SUPPURATIVE INFECTIONS	-	4,556	3,155	17	24	4	49	2,873	11
		Plx1	4,050	3,170	16	23	4	44	2,039	11
		Plx2	13,269	2,805	2	1	11	3	865	18
		Plx3	28,624		1		34	1		34
		Plx4	39,154		1		46	1		46

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CMG Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
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102 DYSEQUILIBRIUM	-	3,183	2,730	195	231	4	722	2,070	13
	Plx1	3,074	2,643	182	220	4	677	2,031	13
	Plx2	4,776	7,520	12	14	7	35	2,149	23
	Plx3	9,830	18,713	5	3	16	8	2,066	41
	Plx4	3,762	28,314	1	2	5	2		23
104 INFLUENZA	-	3,393	3,710	170	190	3	566	3,461	10
	Plx1	3,042	3,550	146	169	3	514	2,574	10
	Plx2	4,563	6,398	18	15	5	35	2,549	18
	Plx3	2,849	4,991	4	9	3	10	1,626	27
	Plx4	59,984	19,927	5	1	22	7	62,025	72
107 EPIGLOTTITIS	-	6,173	3,605	19	30	4	27	5,853	10
	Plx1	4,374	3,458	15	29	3	25	4,058	8
	Plx2	5,741		1		7	1		7
	Plx3	17,606	7,864	1	1	4	1		4
108 EPISTAXIS	-	2,849	2,624	88	98	4	252	1,672	10
	Plx1	2,631	2,584	71	84	3	213	1,399	10
	Plx2	4,614	4,707	13	13	6	25	3,545	15
	Plx3	6,501	7,243	7	3	7	11	6,236	39
	Plx4	17,086	2,993	2	2	25	3	2,527	45
109 OTHER ENT INFECTIONS	-	3,556	2,790	78	71	3	245	3,240	10
	Plx1	2,996	2,777	69	67	3	226	2,208	10
	Plx2	6,537	9,158	5	3	6	12	3,503	18
	Plx3	9,497	6,268	4	4	7	6	8,579	19
	Plx4	30,274	45,676	1	1	43	1		47
113 SINUSITIS (MNRH)	-	3,403	3,553	26	29	4	90	1,420	8
	Plx1	3,361	3,413	24	26	4	86	1,436	8
	Plx2	2,810	11,813	1	2	3	3		17
	Plx4	5,002		1		7	1		8

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114 SORE THROAT (MNRH)	-	2,757	2,499	120	134	2	650	2,445	7
	Ptx1	2,672	2,335	114	127	2	627	2,398	7
	Ptx2	4,314	2,999	6	5	4	18	3,000	11
	Ptx3	4,193	6,056	1	3	7	3		14
	Ptx4	65,123	28,982	2	3	21	2	17,174	49
115 MISCELLANEOUS ENT DIAGNOSES (MNRH)	-	1,359	1,472	93	98	1	1,496	843	1
	Ptx1	1,380	1,476	86	96	1	1,442	856	1
	Ptx2	7,301	10,798	24	18	6	33	5,842	26
	Ptx3	8,866	12,642	10	17	8	12	5,430	26
	Ptx4	24,551	30,240	6	10	14	9	17,493	41
116 CROUP (MNRH)	-	1,874	1,739	93	124	1	278	1,320	4
	Ptx1	1,894	1,666	89	121	1	274	1,341	4
	Ptx2	1,799	4,400	2	2	2	2	694	5
	Ptx3	1,056	5,268	2	1	1	2	598	1
	Ptx4	119,051	136,949	110	115	44	132	85,015	168
125 TRACHEOSTOMY	-	7,969	9,962	10	6	5	12	6,960	29
	Ptx1	51,439	5,390	1	1	19	1		53
	Ptx2	53,353	46,340	1	3	23	2		78
	Ptx3	131,746	148,048	98	105	49	117	81,183	175
	Ptx4								
126 RESECTION OF LUNG	-	13,463	12,709	364	385	7	376	6,150	20
	Ptx1	11,549	11,535	259	282	6	266	3,712	16
	Ptx2	16,614	15,371	56	73	9	57	6,248	27
	Ptx3	19,396	17,983	31	28	11	32	11,356	33
	Ptx4	27,893	48,389	20	27	14	21	14,844	36
127 MAJOR RESPIRATORY PROCEDURES	-	14,623	14,304	419	417	10	515	16,287	40
	Ptx1	10,036	9,617	257	261	7	315	6,585	25
	Ptx2	12,589	13,135	67	68	11	87	7,232	40
	Ptx3	17,044	15,883	45	40	15	54	8,461	46
	Ptx4	42,676	44,034	50	54	22	59	34,469	64

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128 MINOR RESPIRATORY PROCEDURES	-	10,072	10,370	115	97	5	133	6,644	17
	Plx1	8,688	7,817	97	70	4	107	5,086	16
	Plx2	17,436	13,316	11	13	11	11	7,922	32
	Plx3	11,269	21,788	3	8	10	3	9,150	31
	Plx4	53,930	58,744	10	4	20	12	46,532	104
129 OTHER RESPIRATORY PROCEDURES	-	6,887	4,285	120	123	4	179	9,439	19
	Plx1	3,558	3,421	75	94	2	135	1,357	4
	Plx2	9,597	10,408	20	13	10	27	4,942	44
	Plx3	10,380	13,358	6	10	13	6	6,638	55
	Plx4	41,782	36,894	11	2	26	11	24,312	79
135 TUBERCULOSIS	-	10,588	12,164	46	44	14	58	8,022	57
	Plx1	11,004	8,873	35	32	15	42	8,806	56
	Plx2	8,871	21,612	7	7	12	9	4,854	64
	Plx3	8,065	22,015	2	3	3	5	8,537	73
	Plx4	11,835	28,884	2	3	16	2	1,493	83
136 RESPIRATORY FAILURE	-	17,790	18,691	348	371	10	511	20,261	36
	Plx1	10,303	8,542	141	144	7	229	12,000	26
	Plx2	10,770	14,997	46	62	8	71	9,310	31
	Plx3	13,876	14,028	60	61	9	78	11,870	39
	Plx4	36,140	38,793	104	102	16	133	28,578	49
137 RESPIRATORY INFECTIONS AND INFLAMMATIONS	-	11,922	12,276	691	609	10	1,003	13,005	34
	Plx1	7,670	8,407	395	349	8	606	7,000	27
	Plx2	11,364	12,663	105	94	11	155	9,215	35
	Plx3	15,217	13,186	103	74	14	128	12,350	46
	Plx4	36,455	30,090	101	107	19	114	38,015	65
138 RESPIRATORY NEOPLASMS	-	9,334	8,941	637	610	11	1,168	7,414	40
	Plx1	6,939	6,670	285	317	9	618	5,345	33
	Plx2	9,172	9,643	197	171	12	322	6,329	44
	Plx3	11,802	10,980	92	78	15	142	7,205	50
	Plx4	19,322	24,991	65	53	19	86	16,241	70

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
139 INTERSTITIAL DISEASE	-	8,625	9,383	182	203	9	326	9,066	33
	Plx1	6,033	5,838	118	131	7	223	5,091	24
	Plx2	6,657	10,331	21	19	8	37	3,316	46
	Plx3	12,482	11,044	27	29	14	38	9,844	47
	Plx4	35,663	25,831	21	22	22	28	34,164	80
140 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	-	7,601	7,905	1,700	1,680	9	3,302	7,514	28
	Plx1	5,258	5,334	909	967	7	2,023	4,261	24
	Plx2	7,522	7,784	307	244	10	564	5,481	32
	Plx3	10,824	10,280	331	267	12	431	9,152	39
	Plx4	24,186	22,260	231	242	21	284	20,499	68
141 PULMONARY EDEMA	-	17,917	15,566	81	90	8	169	21,428	26
	Plx1	4,885	5,363	33	41	5	94	3,453	14
	Plx2	11,110	11,517	12	19	6	25	11,521	21
	Plx3	14,907	15,742	7	10	9	13	8,628	32
	Plx4	39,193	52,391	29	17	13	37	28,353	46
142 CHRONIC BRONCHITIS	-	5,983	5,842	1,672	1,667	7	3,507	6,201	24
	Plx1	4,404	4,483	1,157	1,255	6	2,630	3,109	18
	Plx2	6,837	7,575	214	138	8	428	5,181	29
	Plx3	9,838	9,821	208	190	11	315	8,430	38
	Plx4	18,034	19,616	96	88	14	134	14,611	53
143 SIMPLE PNEUMONIA AND PLEURISY	-	5,866	5,945	2,716	2,594	6	6,790	6,387	20
	Plx1	4,083	4,259	1,915	1,874	5	5,334	3,413	14
	Plx2	8,378	8,482	366	347	10	727	6,464	31
	Plx3	10,441	10,556	279	199	10	462	10,180	34
	Plx4	21,941	24,335	191	176	15	267	18,518	48
144 PNEUMOTHORAX	-	3,893	4,273	178	158	4	309	3,832	17
	Plx1	3,460	3,717	160	140	4	274	3,204	14
	Plx2	5,609	6,218	11	6	7	18	4,456	34
	Plx3	10,500	8,467	7	4	13	12	4,193	45
	Plx4	32,520	22,288	5	5	32	5	22,174	104

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
145 TRACHEOBRONCHITIS	-	4,504	4,481	785	589	3	2,120	4,201	8
	Plx1	4,249	4,102	748	550	3	1,995	3,402	8
	Plx2	8,293	8,388	28	28	6	72	8,341	15
	Plx3	11,291	12,790	13	16	8	23	7,802	27
	Plx4	58,732	41,215	29	23	16	30	41,813	42
146 ASTHMA	-	3,007	2,925	885	1,211	2	1,785	3,312	7
	Plx1	2,842	2,803	851	1,184	2	1,717	3,001	7
	Plx2	7,683	3,901	25	16	6	34	6,560	18
	Plx3	7,295	10,350	18	18	5	21	5,362	18
	Plx4	20,814	43,006	11	13	12	13	15,461	29
147 OTHER RESPIRATORY DIAGNOSES	-	5,188	5,192	626	624	4	1,392	5,161	16
	Plx1	4,376	4,337	479	497	4	1,135	4,111	13
	Plx2	6,739	6,241	73	62	6	133	5,184	23
	Plx3	7,611	9,741	54	31	7	80	6,385	29
	Plx4	18,104	25,222	35	39	11	44	12,382	51
175 HEART OR LUNG TRANSPLANT	-	134,069	120,495	59	73	48	62	115,854	161
	Plx1	51,711	47,908	13	15	22	13	14,431	42
	Plx2	50,050	64,044	7	9	19	8	17,993	57
	Plx3	87,215	57,055	4	5	40	4	29,674	80
	Plx4	204,432	183,292	35	48	68	37	157,332	193
176 CARDIAC VALVE REPLACEMENT WITH HEART PUMP WITH CARDIAC CATH	-	71,872	46,177	70	66	29	74	57,428	79
	Plx1	36,363	36,409	14	16	20	14	13,453	46
	Plx2	43,354	36,525	15	20	23	16	15,199	43
	Plx3	53,878	53,801	13	16	30	13	24,339	87
	Plx4	118,215	85,107	29	15	40	31	70,780	113
177 CARDIAC VALVE REPLACEMENT WITH HEART PUMP WITHOUT CARDIAC CATH	-	30,090	28,873	501	483	10	553	13,704	27
	Plx1	24,801	24,008	281	332	8	290	6,608	17
	Plx2	30,154	35,588	102	63	10	114	9,001	25
	Plx3	36,787	36,933	69	51	14	70	14,629	39
	Plx4	77,340	72,796	72	55	25	79	55,493	77

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
178	CORONARY BYPASS WITH HEART PUMP WITH CARDIAC CATH	-	37,630	39,541	259	263	18	272	24,887	45
		Plx1	26,781	29,522	45	67	15	46	6,496	35
		Plx2	31,444	30,898	124	106	16	125	9,788	38
		Plx3	39,043	45,329	51	44	20	53	16,115	47
		Plx4	84,935	79,354	47	53	31	48	70,947	81
179	CORONARY BYPASS WITH HEART PUMP WITHOUT CARDIAC CATH	-	19,844	20,024	1,062	1,190	8	1,164	7,088	18
		Plx1	17,924	17,035	566	700	7	592	4,871	14
		Plx2	20,092	21,406	349	332	9	363	6,706	21
		Plx3	28,214	28,131	123	91	13	125	11,793	31
		Plx4	54,402	55,347	81	89	19	84	42,698	57
181	OTHER CARDIO-THORACIC PROCEDURES WITH HEART PUMP WITH CARDIAC CATH	-	103,795	66,189	15	28	28	20	74,737	83
		Plx1	30,051	26,180	2	7	15	2	10,078	25
		Plx2	43,491	33,006	2	7	27	2	20,702	60
		Plx3	66,737	26,795	3	4	28	3	42,901	72
		Plx4	193,853	133,181	10	10	46	13	108,946	115
182	OTHER CARDIO-THORACIC PROCEDURES WITH HEART PUMP WITHOUT CARDIAC CATH	-	29,554	25,583	283	302	8	302	17,736	26
		Plx1	21,733	19,628	168	189	6	175	8,588	13
		Plx2	26,709	25,127	44	53	7	46	10,923	20
		Plx3	30,714	37,872	20	12	9	20	13,665	29
		Plx4	72,190	66,591	58	50	19	61	31,781	49
183	MAJOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP WITH CARDIAC CATH	-	29,265	29,717	106	120	11	121	21,304	44
		Plx1	11,742	13,122	21	41	4	25	8,652	23
		Plx2	19,980	21,680	20	26	8	23	8,815	29
		Plx3	28,770	31,836	20	16	14	22	14,572	36
		Plx4	45,557	57,533	44	40	16	51	31,026	65
184	MAJOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP WITHOUT CARDIAC CATH	-	19,151	19,387	73	77	9	82	14,885	38
		Plx1	15,640	11,361	37	27	7	40	9,364	22
		Plx2	15,368	14,754	21	25	8	25	10,235	26
		Plx3	22,081	21,465	8	13	10	8	9,488	40
		Plx4	59,809	58,648	9	21	29	9	39,705	83

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
185	PERMANENT PACEMAKER IMPLANT FOR SPECIFIED CARDIAC CONDITIONS	-	39,356	43,337	127	175	12	215	13,102	42
		Plx1	33,841	39,323	67	89	8	103	10,456	33
		Plx2	41,877	45,207	28	39	15	50	11,283	40
		Plx3	45,924	47,437	22	31	16	43	13,141	40
		Plx4	58,909	56,640	10	17	26	19	20,449	79
186	PERMANENT PACEMAKER IMPLANT WITHOUT SPECIFIED CARDIAC CONDITIONS	-	18,194	17,202	526	607	5	1,058	8,549	23
		Plx1	16,388	15,596	412	497	4	791	7,187	19
		Plx2	25,195	24,498	81	80	9	159	9,789	32
		Plx3	25,572	26,760	33	24	9	74	12,091	35
		Plx4	37,634	42,335	7	12	22	34	20,380	72
188	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY W COMPLICATING CARD CONDITIONS	-	12,716	13,659	1,169	1,203	5	1,696	6,059	15
		Plx1	11,656	12,587	866	928	4	1,262	5,430	12
		Plx2	15,058	15,792	212	145	7	292	6,237	19
		Plx3	18,049	18,817	76	87	8	90	6,968	23
		Plx4	28,323	30,169	41	52	13	52	21,274	45
189	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY W/O COMPLIC CARDIAC CONDITIONS	-	7,813	8,585	1,363	1,452	2	1,730	2,844	7
		Plx1	6,835	7,243	727	683	1	893	1,539	1
		Plx2	8,999	10,031	544	694	3	753	3,818	13
		Plx3	14,319	17,228	51	48	6	73	6,645	21
		Plx4	22,233	22,925	7	13	10	11	9,933	54
191	TEMPORARY CARDIAC PACEMAKER	-	15,744	6,688	4	6	5	18	12,539	19
		Plx1	8,474	8,810	1	2	3	8		15
		Plx2	28,691		1		9	2		16
		Plx3	12,905	11,555	2	1	4	3	15,331	22
193	CARDIAC PACEMAKER DEVICE REPLACEMENT OR REVISION	-	12,082	12,221	18	73	5	34	7,579	13
		Plx1	10,569	11,651	13	60	4	29	6,388	7
		Plx2	23,969	14,528	2	3	13	3	12,817	28
		Plx3	9,340	31,151	1	3	8	1		34
		Plx4	13,115	36,679	1	3	8	1		47

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007		
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation
194	MINOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP	-	7,258	8,286	260	254	2	308	4,808
		Plx1	6,492	6,627	236	211	1	274	2,204
		Plx2	17,283	15,909	14	20	10	14	8,542
		Plx3	23,579	12,802	6	1	10	7	17,761
		Plx4	52,196	34,314	12	7	16	13	15,963
200	AMI, UNSTABLE ANGINA OR CARDIAC CATH WITH SHOCK OR PULMONARY EMBOLISM	-	17,909	16,334	49	55	9	71	19,396
		Plx1	7,933	9,829	12	12	3	22	4,276
		Plx2	16,728	9,938	9	6	10	15	10,352
		Plx3	12,559	16,042	15	20	8	18	8,850
		Plx4	37,081	26,166	11	19	16	16	31,968
201	AMI WITH CARDIAC CATH WITH CONGESTIVE HEART FAILURE	-	17,864	17,001	60	105	13	93	10,425
		Plx1	12,296	13,241	22	63	9	37	5,086
		Plx2	19,006	17,581	18	14	15	29	9,404
		Plx3	19,060	21,145	14	17	13	18	8,193
		Plx4	32,068	31,393	6	11	17	9	17,645
202	AMI WITH CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	-	9,151	14,204	9	7	8	19	3,656
		Plx1	8,607	12,614	7	6	7	13	4,026
		Plx2	11,490	23,744	1	1	10	2	23
		Plx3	10,617		1		10	3	19
203	AMI WITH CARDIAC CATH WITH ANGINA	-	10,038	10,228	11	16	8	23	4,200
		Plx1	10,433	10,026	10	14	8	19	4,206
		Plx3	6,087		1		7	2	16
204	AMI WITH CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	-	9,395	9,702	370	589	7	767	4,347
		Plx1	8,671	9,112	300	533	7	632	3,681
		Plx2	11,155	14,243	46	31	9	94	5,083
		Plx3	16,490	12,992	20	15	12	31	9,693
		Plx4	24,081	22,007	7	10	17	10	11,539

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		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
205 AMI WITHOUT CARDIAC CATH WITH CONGESTIVE HEART FAILURE	-	12,332	12,733	171	215	11	337	10,268	34
	Ptx1	8,502	8,694	65	106	8	162	6,271	25
	Ptx2	11,278	12,914	39	40	12	77	6,407	38
	Ptx3	12,840	15,065	40	32	11	55	8,598	40
	Ptx4	25,677	25,390	33	36	20	43	16,972	64
206 AMI WITHOUT CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	-	7,794	6,210	11	13	5	37	7,325	21
	Ptx1	5,039	6,300	5	10	4	26	2,373	19
	Ptx2	6,778	28,595	3	1	3	8	3,206	33
	Ptx3	14,356	5,909	2	3	10	2	18,778	27
	Ptx4	11,499	105,679	1	1	7	1		47
207 AMI WITHOUT CARDIAC CATH WITH ANGINA	-	6,345	6,247	21	12	6	56	4,052	20
	Ptx1	5,504	5,584	15	10	5	43	4,137	20
	Ptx2	15,813	4,883	6	1	13	9	13,709	39
	Ptx3	13,889		3		19	4	6,538	35
208 AMI WITHOUT CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	-	6,133	6,358	741	700	5	1,927	4,904	17
	Ptx1	5,304	5,289	539	552	4	1,535	4,154	14
	Ptx2	7,301	9,590	108	74	6	224	5,214	27
	Ptx3	8,921	9,622	61	47	8	113	6,898	29
	Ptx4	20,638	16,367	47	37	15	55	17,636	46
210 UNSTABLE ANGINA WITH CARDIAC CATH WITH SPECIFIED CARDIAC CONDITIONS	-	11,383	9,826	10	11	11	22	5,828	27
	Ptx1	9,968	9,826	7	11	9	15	5,255	25
	Ptx2	6,836		1		9	2		25
	Ptx3	18,607		2		16	3	962	42
	Ptx4	58,119		1		61	2		61
211 UNSTABLE ANGINA WITH CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	-	6,652	7,580	135	118	7	257	3,406	20
	Ptx1	6,338	7,354	124	112	6	239	2,994	20
	Ptx2	10,489	12,724	9	5	11	15	6,094	30
	Ptx3	8,796	7,232	2	1	9	3	877	21

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		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
212 UNSTABLE ANGINA WITHOUT CARDIAC CATH WITH SPECIFIED CARDIAC CONDITIONS	-	5,868	6,721	30	41	6	86	3,706	23
	Plx1	5,269	4,838	23	32	6	66	2,815	17
	Plx2	9,012	10,715	5	5	8	13	6,411	32
	Plx3	13,730	17,530	2	2	19	4	12,325	44
	Plx4	4,777		1		3	3		41
213 UNSTABLE ANGINA WITHOUT CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	-	3,661	3,767	279	297	4	1,010	2,455	11
	Plx1	3,513	3,593	248	274	4	923	2,257	11
	Plx2	4,622	6,216	25	21	5	71	3,636	18
	Plx3	7,835	7,308	3	5	7	6	4,533	21
	Plx4	10,029		8		11	10	6,540	34
215 CARDIAC CATH WITH CONGESTIVE HEART FAILURE	-	13,739	13,842	226	239	13	264	8,207	35
	Plx1	11,426	11,322	140	175	11	160	6,326	31
	Plx2	14,181	15,535	47	29	14	56	7,242	40
	Plx3	20,224	20,943	32	17	18	35	9,875	44
	Plx4	33,324	33,020	9	24	23	13	16,411	68
216 CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	-	11,073	9,552	126	151	9	168	7,791	29
	Plx1	10,055	9,050	107	139	8	145	6,711	26
	Plx2	12,684	14,353	10	8	10	14	6,766	43
	Plx3	14,645	16,805	5	4	12	5	9,043	30
	Plx4	26,754	37,459	2	1	18	4	14,699	41
217 CARDIAC CATH WITH UNSTABLE ANGINA	-	7,754	7,703	148	226	7	174	4,735	22
	Plx1	7,506	7,508	131	208	7	151	4,382	22
	Plx2	9,777	9,808	16	13	8	21	6,956	28
	Plx3	7,871	10,353	1	5	8	1		42
	Plx4	24,060	19,960	1	1	24	1		24
218 CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	-	5,383	5,633	759	799	5	1,059	3,155	17
	Plx1	5,180	5,472	689	772	5	967	2,985	17
	Plx2	7,198	12,944	57	23	6	68	4,012	27
	Plx3	10,345	10,340	14	9	8	20	6,893	27
	Plx4	22,424	25,467	3	1	20	4	18,462	45

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219	ENDOCARDITIS	-	13,685	17,627	47	61	13	64	10,754	53
		Plx1	8,277	10,977	19	27	9	29	3,749	39
		Plx2	17,415	14,470	7	11	24	10	6,669	70
		Plx3	12,896	10,732	8	5	15	10	11,447	51
		Plx4	22,663	35,564	13	21	13	15	21,263	93
220	PULMONARY EMBOLISM	-	5,986	5,792	504	488	7	789	4,783	22
		Plx1	4,925	4,947	302	319	6	490	3,168	18
		Plx2	6,422	5,592	146	115	8	207	5,210	25
		Plx3	12,085	11,105	48	37	12	61	11,255	43
		Plx4	17,061	15,709	21	22	16	31	9,207	39
222	HEART FAILURE	-	8,198	7,994	1,788	1,931	10	4,062	6,896	31
		Plx1	6,085	6,147	893	1,197	8	2,374	4,452	24
		Plx2	9,105	9,272	464	357	11	899	7,675	38
		Plx3	12,327	11,584	309	220	14	518	9,813	51
		Plx4	21,697	22,595	184	200	22	271	19,135	77
225	HYPERTENSIVE HEART DISEASE	-	7,445	5,954	49	25	9	114	5,558	27
		Plx1	5,548	3,538	15	5	7	47	4,377	20
		Plx2	5,966	6,618	21	15	7	44	5,516	22
		Plx3	17,223	12,213	8	4	20	18	13,096	74
		Plx4	9,228	6,497	4	2	11	5	4,544	44
226	OTHER CIRCULATORY DIAGNOSES	-	6,739	6,270	602	535	5	1,141	6,834	20
		Plx1	5,245	4,766	417	366	4	826	5,171	16
		Plx2	9,788	8,571	105	86	9	177	9,279	27
		Plx3	10,850	10,187	60	47	10	92	9,392	43
		Plx4	24,020	23,249	37	41	19	46	16,929	57
229	ATHEROSCLEROSIS (MNRH)	-	5,825	4,874	240	298	6	590	5,233	20
		Plx1	4,260	4,104	165	232	4	425	2,915	14
		Plx2	7,530	7,065	42	39	7	100	6,167	31
		Plx3	13,052	11,602	21	25	13	44	11,323	55
		Plx4	21,603	14,733	16	7	18	21	13,320	67

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
232 ACQUIRED VALVULAR DISORDERS (MNRH)	-	7,722	7,663	42	57	7	100	5,762	30
	Plx1	6,162	5,525	21	24	6	55	4,366	24
	Plx2	7,890	7,772	16	20	9	29	4,662	31
	Plx3	15,925	10,601	4	11	16	12	12,483	62
	Plx4	27,805	16,063	3	2	28	4	24,283	83
233 HYPERTENSION (MNRH)	-	4,215	3,622	105	138	4	606	3,607	13
	Plx1	4,033	3,304	89	117	4	550	3,630	13
	Plx2	4,729	5,144	13	17	5	41	2,895	23
	Plx3	11,736	8,299	7	8	14	12	5,744	36
234 CONGENITAL CARDIAC DISORDERS (MNRH)	-	9,835	6,886	25	27	7	30	9,317	28
	Plx1	6,034	5,322	14	20	4	19	4,737	16
	Plx2	8,437	17,612	6	4	6	6	4,271	21
	Plx3	10,851	11,811	2	3	9	3	6,089	27
	Plx4	77,543	2,613	2	1	28	2	65,343	54
235 ANGINA PECTORIS	-	3,037	3,235	94	98	3	472	2,300	10
	Plx1	3,017	3,086	84	93	3	432	2,318	10
	Plx2	4,279	6,667	10	7	5	37	4,528	17
	Plx3	9,053		3		12	3	3,889	30
237 ARRHYTHMIA	-	4,752	5,122	992	1,069	5	3,023	3,937	16
	Plx1	3,940	4,105	728	798	4	2,411	3,417	13
	Plx2	7,009	7,071	182	170	8	416	4,504	24
	Plx3	9,352	10,170	72	80	9	144	7,398	34
	Plx4	17,989	20,811	37	37	16	52	19,219	69
240 SYNCOP AND COLLAPSE	-	4,038	3,770	279	317	4	794	3,598	13
	Plx1	3,952	3,596	242	276	4	689	3,610	13
	Plx2	6,113	6,907	24	27	8	65	4,651	27
	Plx3	10,268	6,745	21	18	11	25	8,348	47
	Plx4	10,941	11,500	11	4	11	15	14,364	46

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CMG	Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
242	CHEST PAIN	-	2,832	2,779	712	764	3	2,270	1,822	7
		Plx1	2,792	2,765	674	735	3	2,150	1,804	7
		Plx2	4,245	3,940	38	28	4	99	2,561	14
		Plx3	4,785	6,196	8	10	6	18	3,145	23
250	EXTENSIVE GASTROINTESTINAL PROCEDURES	-	26,855	28,853	62	61	14	86	16,016	37
		Plx1	19,325	21,534	33	30	10	49	8,288	20
		Plx2	25,455	27,178	10	8	13	13	4,587	22
		Plx3	30,861	37,572	7	13	16	11	14,965	45
		Plx4	60,025	68,118	10	17	35	13	29,151	91
251	GASTROSTOMY AND COLOSTOMY PROCEDURES	-	24,519	24,389	1,091	841	16	1,511	22,434	55
		Plx1	14,449	14,736	604	486	11	880	7,496	30
		Plx2	23,587	22,361	103	72	19	130	12,864	51
		Plx3	28,299	29,826	132	108	21	168	17,550	61
		Plx4	63,739	63,873	273	185	37	333	54,862	122
252	MAJOR ESOPHAGEAL, STOMACH AND DUODENUM PROCEDURES	-	19,386	18,464	53	51	13	69	13,537	41
		Plx1	13,562	14,556	39	35	9	52	5,785	25
		Plx2	31,263	26,776	5	5	20	6	12,054	39
		Plx3	30,637	23,019	5	3	22	6	15,674	46
		Plx4	47,263	37,476	4	8	27	5	17,542	73
253	MAJOR INTESTINAL AND RECTAL PROCEDURES	-	13,827	13,716	1,790	1,346	10	2,530	9,179	28
		Plx1	11,256	11,570	1,264	991	8	1,732	4,681	21
		Plx2	16,832	17,850	150	116	13	204	10,645	35
		Plx3	17,423	18,385	203	135	12	280	10,859	35
		Plx4	40,710	39,965	224	160	23	314	35,069	75
255	LESS EXTENSIVE ESOPHAGEAL, STOMACH AND DUODENUM PROCEDURES	-	8,669	9,410	737	520	6	990	5,856	18
		Plx1	7,563	8,527	639	461	5	839	4,446	15
		Plx2	15,041	17,717	34	19	9	42	8,719	24
		Plx3	16,126	15,900	41	34	12	53	9,579	31
		Plx4	39,892	41,630	44	33	22	56	38,142	66

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CMG	Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
258	LAPAROTOMY	-	10,212	9,602	657	544	8	936	8,955	27
		Plx1	7,693	7,659	514	422	6	734	4,891	21
		Plx2	15,987	16,320	48	49	13	71	10,125	36
		Plx3	18,663	11,832	43	43	12	59	15,147	40
		Plx4	33,325	45,387	59	44	18	72	33,697	66
260	LESS EXTENSIVE INTESTINAL AND RECTAL PROCEDURES	-	4,707	3,958	184	196	4	307	3,852	13
		Plx1	4,394	3,909	169	190	3	284	3,628	10
		Plx2	5,741	5,912	5	5	5	8	4,315	20
		Plx3	8,466	10,284	5	3	8	7	3,262	29
		Plx4	25,095		7		17	8	26,549	54
261	COMPLICATED APPENDECTOMY	-	6,149	6,352	689	595	4	948	3,772	12
		Plx1	5,417	5,647	592	532	4	821	2,817	9
		Plx2	14,607	12,018	35	23	9	40	7,490	20
		Plx3	8,319	12,212	50	27	7	62	3,660	17
		Plx4	21,295	18,294	15	10	12	25	13,066	28
262	SIMPLE APPENDECTOMY	-	3,568	3,610	1,587	1,474	2	2,359	1,594	5
		Plx1	3,594	3,591	1,593	1,460	2	2,324	1,630	7
		Plx2	7,994	7,343	16	13	6	19	3,926	17
		Plx3	5,009	6,112	5	9	6	12	2,095	12
		Plx4	17,380	8,060	2	2	6	4	10,913	26
264	MINOR GASTROINTESTINAL PROCEDURES	-	6,246	5,429	97	71	4	119	3,678	11
		Plx1	5,406	5,361	83	68	3	107	2,721	8
		Plx2	7,588	14,358	4	3	4	4	3,965	18
		Plx3	10,899	7,451	6	2	7	6	3,523	25
		Plx4	39,845	33,289	2	4	23	2	18,789	63
265	ABDOMINAL LAPAROSCOPY	-	3,957	5,380	55	24	3	77	3,175	12
		Plx1	3,759	5,038	54	22	3	74	2,840	10
		Plx3	14,681	16,475	1	1	4	2		17

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CMG	Description	Plx Level	Average Cost	Costed Cases		Metrics 2006/2007				
			*prior year inflated by 4.03	2006/2007	*2005/2006	2006/2007	2005/2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation
266	ANUS AND STOMAL PROCEDURES (MNRH)	-	3,073	3,020	427	381	2	780	2,460	7
		Plx1	3,025	2,949	408	367	2	738	2,405	7
		Plx2	4,521	10,196	18	20	5	24	3,132	20
		Plx3	11,381	11,713	9	7	10	12	9,044	33
		Plx4	34,828	53,817	5	3	26	6	27,690	98
269	BILATERAL HERNIA PROCEDURES	-	3,682	3,841	1,160	1,097	2	1,724	2,260	7
		Plx1	3,634	3,769	1,128	1,066	2	1,645	2,225	7
		Plx2	7,814	7,128	33	27	6	43	5,922	18
		Plx3	10,934	9,357	20	19	9	29	6,292	22
		Plx4	29,591	14,101	7	7	16	7	17,081	39
271	UNILATERAL HERNIA PROCEDURES (MNRH)	-	3,009	2,972	213	185	2	646	2,264	4
		Plx1	2,932	2,889	208	179	2	619	2,104	4
		Plx2	11,734	7,527	7	10	9	13	6,756	23
		Plx3	12,131	10,444	6	5	8	8	11,627	28
		Plx4	25,078	19,660	6	2	15	6	27,375	58
279	DIGESTIVE SYSTEM MALIGNANCY	-	8,457	7,373	372	373	10	724	7,661	39
		Plx1	6,333	5,814	243	252	8	505	5,299	30
		Plx2	9,838	11,982	64	66	12	110	7,826	45
		Plx3	16,050	10,347	32	36	18	64	12,739	57
		Plx4	15,237	17,024	30	23	17	45	12,626	70
281	G.I. HEMORRHAGE	-	4,351	4,472	1,168	1,276	5	2,386	3,266	14
		Plx1	3,693	3,665	935	1,021	4	1,946	2,327	11
		Plx2	7,255	8,201	120	126	7	209	6,145	27
		Plx3	9,787	10,634	77	108	10	126	7,066	34
		Plx4	18,257	17,157	78	78	14	105	17,381	49
285	COMPLICATED ULCER	-	5,153	4,774	102	92	6	164	3,572	18
		Plx1	4,473	4,099	75	74	5	129	2,952	17
		Plx2	7,784	12,061	10	11	10	15	8,357	43
		Plx3	7,471	10,851	14	8	8	16	5,608	43
		Plx4	13,499	16,571	4	4	19	4	8,922	59

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
286	UNCOMPLICATED ULCER	-	4,048	3,599	69	80	5	208	2,457	11
		Plx1	3,633	3,270	55	71	4	182	2,274	11
		Plx2	7,105	10,746	8	7	7	14	4,232	24
		Plx3	6,225	4,687	7	3	8	11	3,446	29
		Plx4	6,466	15,368	1	3	8	1		35
289	INFLAMMATORY BOWEL DISEASE	-	4,789	4,533	531	452	6	933	3,467	18
		Plx1	4,436	4,216	476	404	5	832	3,200	17
		Plx2	9,749	6,462	25	20	10	51	8,283	29
		Plx3	9,960	7,331	34	22	11	44	7,492	32
		Plx4	10,695	26,013	4	3	10	6	5,708	62
290	G.I. OBSTRUCTION	-	3,473	3,447	990	890	4	2,160	2,593	14
		Plx1	3,027	3,042	859	791	4	1,898	2,031	11
		Plx2	6,548	7,709	71	52	8	144	4,161	24
		Plx3	7,709	9,621	39	40	9	76	5,917	37
		Plx4	15,592	16,526	30	21	16	42	15,835	56
294	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISEASE	-	3,460	3,483	3,617	3,617	4	11,566	2,871	13
		Plx1	2,982	3,016	3,030	3,124	3	10,388	2,335	10
		Plx2	6,597	7,152	292	274	8	652	5,081	24
		Plx3	6,652	6,836	214	161	8	384	6,577	27
		Plx4	17,253	16,204	95	70	18	142	16,534	63
297	OTHER G.I. DIAGNOSES	-	4,251	3,995	1,063	1,070	4	1,819	4,024	16
		Plx1	3,434	3,360	860	928	4	1,521	2,951	13
		Plx2	8,170	8,332	100	56	8	144	6,242	30
		Plx3	7,701	10,621	70	58	8	93	5,700	33
		Plx4	15,270	15,562	54	43	14	61	13,510	49
310	LIVER TRANSPLANT	-	87,777	78,164	63	65	32	73	83,763	99
		Plx1	32,722	31,460	14	12	14	16	8,475	30
		Plx2	38,464	33,036	10	5	15	11	17,296	33
		Plx3	43,882	34,759	5	7	16	5	10,325	44
		Plx4	160,795	133,778	36	41	57	41	111,263	137

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CMG	Description	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007				
		Ptx Level	2006/2007	*2005/2006	2006/2007	2005/2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
311	MAJOR PANCREATIC PROCEDURES	-	28,199	25,983	182	204	16	196	22,166	51
		Ptx1	20,134	17,455	108	115	12	112	12,143	26
		Ptx2	24,307	21,866	25	26	15	28	11,665	46
		Ptx3	29,474	26,166	19	24	19	20	20,326	56
		Ptx4	90,107	78,562	34	41	39	36	66,267	117
312	MAJOR HEPATOBILIARY PROCEDURES	-	16,848	17,025	137	168	9	151	8,551	22
		Ptx1	14,534	14,906	101	131	8	104	5,301	18
		Ptx2	18,781	16,472	18	14	10	19	7,549	28
		Ptx3	21,989	28,023	8	16	12	8	8,393	37
		Ptx4	47,553	45,431	18	15	24	20	25,359	76
313	COMMON DUCT EXPLORATION	-	14,313	14,072	33	27	13	36	9,798	45
		Ptx1	10,991	11,183	22	17	9	24	5,989	26
		Ptx2	15,894	11,652	3	4	16	4	7,994	30
		Ptx3	22,138	22,002	3	3	19	3	12,320	69
		Ptx4	22,704	58,924	4	3	21	5	18,658	44
314	OTHER HEPATOBILIARY AND PANCREATIC PROCEDURES	-	10,913	12,857	180	129	9	263	9,795	30
		Ptx1	8,192	10,135	123	80	6	182	5,894	23
		Ptx2	13,239	12,484	30	18	12	39	6,789	32
		Ptx3	13,713	23,082	14	14	13	18	8,773	54
		Ptx4	44,968	26,716	18	21	26	24	47,377	68
315	CHOLECYSTECTOMY	-	9,600	9,920	177	195	7	298	6,072	19
		Ptx1	8,167	8,202	133	131	6	224	3,586	18
		Ptx2	12,288	11,507	27	35	9	40	7,054	21
		Ptx3	15,788	12,841	16	22	12	26	7,188	28
		Ptx4	34,802	35,476	5	13	14	8	26,421	86
317	LAPAROSCOPIC CHOLECYSTECTOMY	-	3,772	3,957	1,825	1,619	2	3,350	2,088	7
		Ptx1	3,584	3,775	1,661	1,472	2	3,029	1,929	7
		Ptx2	6,410	6,595	169	169	5	240	3,110	15
		Ptx3	10,116	11,814	45	31	8	58	5,495	22
		Ptx4	14,113	13,499	12	7	10	23	14,511	28

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
320	MISCELLANEOUS HEPATOBILIARY AND S PANCREATIC PROCEDURE	-	13,426	12,944	68	56	12	81	9,747	41
		Plx1	10,483	8,672	38	42	9	43	7,703	25
		Plx2	8,614	24,654	9	3	8	16	3,211	23
		Plx3	14,084	21,285	7	7	15	9	10,822	57
		Plx4	24,528	51,174	11	4	18	13	16,129	83
323	CIRRHOSIS AND ALCOHOLIC HEPATITIS	-	8,427	9,626	338	254	8	547	8,189	34
		Plx1	5,473	5,259	135	89	6	247	3,972	21
		Plx2	6,957	7,805	86	72	8	137	5,391	28
		Plx3	9,101	9,331	54	44	10	81	7,275	43
		Plx4	17,841	25,707	66	51	15	82	13,840	67
324	PANCREATIC CANCER OR OTHER MALIGNANCY OF HEPATOBILIARY SYSTEM	-	7,994	7,765	289	329	10	520	6,110	39
		Plx1	6,053	6,496	143	180	8	311	4,171	30
		Plx2	8,349	8,356	80	83	11	119	5,763	41
		Plx3	11,290	10,316	41	38	15	55	7,937	48
		Plx4	17,096	11,686	28	29	18	35	15,086	53
325	PANCREAS DISEASES EXCEPT MALIGNANCY	-	4,038	4,213	856	825	5	1,821	3,544	15
		Plx1	3,405	3,546	710	682	4	1,529	2,509	14
		Plx2	7,744	6,516	106	81	9	165	6,727	28
		Plx3	8,899	9,265	38	56	10	62	7,082	38
		Plx4	27,726	24,559	44	36	16	65	29,658	63
326	LIVER DISEASES EXCEPT CIRRHOsis OR CANCER	-	8,451	9,059	431	463	8	769	9,723	30
		Plx1	4,685	4,883	206	236	5	429	4,144	20
		Plx2	7,609	8,244	103	87	8	148	5,985	34
		Plx3	10,033	8,615	47	50	10	83	7,216	44
		Plx4	22,222	24,839	79	86	16	109	19,245	49
329	BILIARY TRACT DISEASES	-	3,916	3,867	585	580	4	1,499	3,229	13
		Plx1	3,344	3,128	467	453	4	1,246	2,509	13
		Plx2	8,156	5,273	50	38	8	97	6,812	24
		Plx3	5,538	6,296	62	55	6	116	3,985	18
		Plx4	14,548	12,386	26	30	12	40	12,274	44

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
350	MULTIPLE OR BILATERAL JOINT REPLACEMENT	-	17,758	21,763	56	65	8	72	7,838	42
		Plx1	15,179	17,876	45	41	6	52	5,281	17
		Plx2	29,998	19,569	1	7	21	2		31
		Plx3	37,063	29,602	8	9	26	10	17,930	75
		Plx4	51,222	59,232	6	5	41	8	20,147	128
351	JOINT REPLACEMENT FOR TRAUMA	-	16,941	15,645	596	490	15	877	8,395	46
		Plx1	14,277	13,175	422	345	12	620	5,169	31
		Plx2	20,594	20,329	87	66	20	126	9,688	69
		Plx3	25,553	21,151	42	31	23	64	12,389	71
		Plx4	39,274	34,155	51	48	36	67	23,363	111
352	HIP REPLACEMENT	-	10,998	11,474	1,730	1,738	5	2,653	2,780	11
		Plx1	10,965	11,318	1,651	1,640	5	2,416	2,837	13
		Plx2	15,355	15,332	80	67	9	118	6,301	27
		Plx3	17,194	17,089	52	55	10	77	7,601	30
		Plx4	30,465	23,946	22	19	22	42	22,775	64
354	KNEE REPLACEMENT	-	9,488	9,891	2,669	2,423	5	4,026	2,879	13
		Plx1	9,305	9,790	2,506	2,309	5	3,728	2,609	13
		Plx2	11,743	12,721	101	89	7	164	3,995	18
		Plx3	15,654	14,489	60	45	10	102	9,145	25
		Plx4	20,406	22,730	23	17	14	32	11,926	44
355	REATTACHMENT PROCEDURES OR LOWER EXTREMITY OR SHOULDER AMPUTATIONS	-	12,961	9,463	78	64	10	110	12,111	40
		Plx1	8,125	7,628	51	47	6	71	4,909	23
		Plx2	17,357	11,450	11	11	17	17	14,769	72
		Plx3	18,648	24,205	8	4	18	8	10,101	65
		Plx4	43,724	67,011	12	8	37	14	21,073	162
356	REPAIR HIP AND FEMUR PROCEDURES	-	11,384	10,665	146	150	7	185	7,059	29
		Plx1	10,431	8,979	127	128	6	152	5,871	23
		Plx2	19,120	20,216	13	14	13	17	21,522	57
		Plx3	37,062	19,015	6	4	30	8	27,309	64
		Plx4	59,282	41,549	8	6	47	8	30,178	128

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	CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
358 LOWER EXTREMITY PROCEDURES WITH INFECTION	-	11,628	10,467	113	83	8	150	11,500	36	
	Plx1	10,063	8,471	94	71	7	122	8,054	26	
	Plx2	17,404	15,146	14	5	16	17	16,977	64	
	Plx3	44,880	34,967	3	3	50	3	32,947	174	
	Plx4	55,352	62,745	7	10	41	8	33,605	155	
359 UPPER EXTREMITY PROCEDURES WITH INFECTION	-	9,570	8,975	27	25	8	37	7,835	28	
	Plx1	8,429	8,289	25	20	7	35	4,632	23	
	Plx2	5,928	6,075	1	1	9	1		54	
360 UPPER EXTREMITY AMPUTATIONS AND REVISIONS	-	17,410	21,135	53	51	12	79	18,134	51	
	Plx1	10,810	11,482	35	27	8	55	7,795	30	
	Plx2	15,817	23,809	5	10	14	8	12,318	57	
	Plx3	30,798	23,272	8	5	19	10	25,712	90	
	Plx4	43,782	94,888	5	10	24	6	28,940	97	
361 MUSCULOSKELETAL BIOPSY FOR MALIGNANCY	-	15,311	14,686	25	26	16	35	14,708	67	
	Plx1	10,593	10,676	20	18	12	25	10,132	50	
	Plx2	41,154	5,360	5	3	48	8	26,604	90	
	Plx3	41,271	21,303	1	3	14	1		99	
	Plx4	55,524	59,375	1	2	49	1		119	
362 MUSCULOSKELETAL BIOPSY WITHOUT MALIGNANCY	-	17,155	13,561	45	73	14	65	18,391	57	
	Plx1	10,520	9,409	27	52	10	40	8,373	40	
	Plx2	13,928	23,903	3	9	15	4	12,762	68	
	Plx3	27,726	9,671	7	4	22	9	29,224	88	
	Plx4	83,471	33,315	9	7	45	12	93,318	197	
363 BACK AND NECK PROCEDURES WITH FUSION	-	14,067	13,504	775	798	5	864	9,180	15	
	Plx1	13,025	12,606	692	731	4	764	8,076	12	
	Plx2	21,096	18,251	38	27	8	43	10,929	21	
	Plx3	25,865	29,858	27	29	10	30	17,482	33	
	Plx4	70,118	51,100	26	27	35	27	54,381	114	

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CMG	Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007		
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation
365	BACK AND NECK PROCEDURES WITHOUT FUSION	-	5,500	5,074	879	1,066	3	1,012	3,513
		Plx1	5,083	4,746	814	1,005	2	954	3,106
		Plx2	11,544	10,728	37	34	8	39	6,863
		Plx3	16,841	11,670	5	6	11	5	18,110
		Plx4	35,367	24,088	12	7	28	14	13,284
367	SHOULDER ARTHROPLASTY	-	8,949	9,386	122	124	3	188	1,947
		Plx1	8,885	9,300	120	121	3	183	1,900
		Plx2	14,916	11,554	3	2	11	3	3,745
		Plx3	31,414	24,345	1	2	33	1	33
		Plx4	33,098		1		22	1	22
368	MAJOR HIP AND KNEE PROCEDURES	-	9,193	7,444	11	17	6	18	7,298
		Plx1	9,193	7,444	11	17	6	18	7,298
369	MAJOR LOWER EXTREMITY PROCEDURES	-	7,664	8,045	321	325	3	476	4,278
		Plx1	7,810	8,089	321	322	3	463	4,372
		Plx2	7,024	13,736	6	5	5	7	3,910
		Plx3	20,548	8,990	4	5	10	4	8,912
		Plx4	29,637	14,847	2	1	13	2	2,671
372	MAJOR UPPER EXTREMITY PROCEDURES	-	5,247	5,319	166	120	2	240	2,587
		Plx1	5,191	5,095	164	113	2	237	2,543
		Plx2	8,006	9,627	1	2	4	2	10
		Plx3	11,709		1		4	1	10
374	MINOR LOWER EXTREMITY PROCEDURES	-	4,276	4,604	669	422	2	1,480	2,487
		Plx1	4,256	4,584	667	419	2	1,466	2,464
		Plx2	14,146	13,192	5	4	8	6	4,392
		Plx3	11,480	17,762	4	4	7	4	5,195
		Plx4	24,069		3		13	4	15,666
375	MINOR UPPER EXTREMITY PROCEDURES	-	3,115	2,714	809	814	1	1,503	896
		Plx1	3,115	2,714	809	813	1	1,496	896
		Plx2	18,591	5,427	3	3	5	5	9,232
		Plx3	6,223	5,359	1	1	7	2	14

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
376	MISCELLANEOUS MUSCULOSKELETAL PROCEDURES	-	7,401	8,011	171	189	3	208	4,957	10
		Ptx1	7,199	7,938	163	180	3	193	4,790	10
		Ptx2	17,529	13,621	5	7	6	6	14,776	39
		Ptx3	25,036	4,392	7	2	15	7	21,530	63
		Ptx4	179,043	35,981	2	3	95	2	156,203	209
377	WOUND DEBRIDEMENT AND SKIN GRAFT FOR MUSCULOSKELETAL DISORDERS	-	12,472	10,274	150	167	8	211	11,751	34
		Ptx1	7,865	7,427	117	137	5	163	5,721	19
		Ptx2	34,448	21,306	12	12	19	18	37,757	54
		Ptx3	34,498	21,111	7	7	22	11	12,396	47
		Ptx4	72,302	74,373	17	16	42	19	40,457	139
378	SOFT TISSUE PROCEDURES (MNRH)	-	6,086	6,373	70	57	3	96	5,376	16
		Ptx1	4,556	5,167	61	51	2	85	2,027	9
		Ptx2	16,622		5		8	6	10,438	25
		Ptx3	15,945	16,883	2	3	10	3	12,889	28
		Ptx4	36,942	12,072	2	1	39	2	7,552	101
379	OTHER MUSCULOSKELETAL PROCEDURES (MNRH)	-	6,557	6,311	521	456	2	794	6,327	7
		Ptx1	6,540	6,179	512	449	2	761	6,353	7
		Ptx2	14,716	17,845	13	7	7	15	11,633	18
		Ptx3	24,449	19,236	10	5	14	11	17,952	51
		Ptx4	41,885	56,121	6	10	33	7	39,318	95
380	OTHER LOWER EXTREMITY PROCEDURES (MNRH)	-	2,072	1,894	246	270	1	450	732	1
		Ptx1	2,070	1,894	245	270	1	446	733	1
		Ptx2	6,822	5,038	4	2	6	4	4,257	15
381	HAND AND WRIST PROCEDURES (MNRH)	-	3,762	3,223	103	86	1	160	1,377	4
		Ptx1	3,546	3,244	77	85	1	159	1,402	1
382	ARTHROSCOPY (MNRH)	-	7,256	3,133	17	13	5	28	5,554	16
		Ptx1	5,155	2,263	13	12	3	26	3,533	10
		Ptx3	14,172	13,577	2	1	9	2	8,243	18

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
383 JOINT REPLACEMENT FOR MALIGNANCY	-	17,310	22,491	21	17	11	26	7,543	43
	Plx1	14,533	16,279	13	12	9	15	3,864	28
	Plx2	14,580	38,446	4	2	12	6	4,872	42
	Plx3	40,142	41,802	3	1	24	3	26,181	88
	Plx4	53,983	47,780	2	2	29	2	32,807	81
384 BACK AND NECK PROCEDURES FOR MALIGNANCY	-	28,082	35,410	20	37	19	20	17,637	68
	Plx1	24,238	22,078	14	20	15	15	9,957	48
	Plx2	26,551	37,719	3	8	24	3	17,655	81
	Plx3	13,712	75,262	1	4	4	1		65
	Plx4	42,920	70,933	1	7	30	1		129
385 MAJOR ORTHOPAEDIC ONCOLOGY PROCEDURES	-	14,292	23,140	31	10	7	33	10,799	30
	Plx1	11,476	12,801	26	5	5	28	8,476	15
	Plx2	35,947	26,894	3	3	17	3	5,185	60
	Plx3	17,556		1		10	1		46
386 OTHER ORTHOPAEDIC ONCOLOGY PROCEDURES	-	11,606	11,234	83	52	7	97	8,625	27
	Plx1	9,693	9,717	73	45	6	84	6,334	23
	Plx2	25,583	5,060	7	1	15	8	12,257	39
	Plx3	34,798	22,868	5	3	24	5	14,204	96
391 SECONDARY NEOPLASMS AND PATHOLOGICAL FRACTURES	-	13,807	11,646	247	277	17	523	10,249	54
	Plx1	11,009	9,900	140	186	15	341	7,494	44
	Plx2	14,930	13,483	47	51	21	88	8,342	59
	Plx3	15,146	12,480	32	22	19	47	11,197	65
	Plx4	35,995	26,672	36	17	36	47	40,124	109
392 OSTEOMYELITIS	-	12,743	13,775	78	67	12	150	10,793	58
	Plx1	11,253	9,119	48	32	9	99	9,467	34
	Plx2	13,206	14,835	5	11	17	9	4,365	81
	Plx3	15,557	16,627	17	14	15	24	15,340	65
	Plx4	24,566	29,033	10	13	34	18	21,684	131

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
393	RHEUMATOID ARTHRITIS	-	9,932	8,578	45	53	9	113	11,461	30
		Plx1	5,452	6,184	28	40	6	87	5,349	23
		Plx2	18,403	18,310	8	4	17	10	18,922	57
		Plx3	15,584	15,567	4	9	14	9	11,510	37
		Plx4	23,289	35,540	5	2	17	7	15,172	63
394	SEPTIC ARTHRITIS	-	7,327	5,865	37	27	8	97	7,204	27
		Plx1	4,858	3,349	23	19	5	70	4,007	20
		Plx2	16,388	9,814	6	2	16	10	12,697	49
		Plx3	5,769	10,874	5	4	7	14	2,276	43
		Plx4	22,130	34,423	3	5	21	3	21,806	111
397	NON-INFLAMMATORY ARTHRITIS	-	6,751	5,760	53	44	9	223	5,338	34
		Plx1	5,541	5,706	38	38	6	174	3,715	25
		Plx2	11,895	6,555	10	5	21	32	10,710	82
		Plx3	14,302	18,330	5	3	22	10	9,657	117
		Plx4	36,558	51,217	3	2	53	7	28,247	109
398	OTHER INFLAMMATORY ARTHRITIS	-	6,268	7,108	229	275	7	547	5,996	24
		Plx1	4,399	4,806	158	189	5	409	3,149	18
		Plx2	8,586	9,698	27	35	10	63	7,478	37
		Plx3	12,969	11,437	30	39	15	46	10,445	55
		Plx4	24,495	31,577	18	26	21	29	22,629	61
399	ORTHOPAEDIC AFTERCARE	-	6,311	5,410	157	202	8	360	6,236	35
		Plx1	4,626	4,224	115	155	6	280	4,280	25
		Plx2	11,174	11,110	20	22	15	35	9,969	67
		Plx3	15,820	13,147	21	25	21	33	12,883	72
		Plx4	24,302	13,799	8	6	31	12	18,827	121
401	OTHER MUSCULOSKELETAL MALIGNANCIES	-	10,034	5,591	29	16	9	59	12,245	38
		Plx1	5,880	3,894	20	10	5	37	4,820	24
		Plx2	4,867	7,965	2	4	7	7	747	43
		Plx3	16,295	9,325	3	2	18	7	11,719	82
		Plx4	28,693		4		24	8	22,899	68

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CMG	Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
402	DISC DISEASE	-	5,883	5,415	201	196	8	693	4,407	27
		Plx1	5,156	4,948	164	174	7	598	3,972	24
		Plx2	10,330	10,764	16	16	15	50	6,050	72
		Plx3	14,309	16,178	24	5	21	35	12,804	83
		Plx4	27,384	14,481	7	5	32	10	17,280	117
404	OTHER MUSCULOSKELETAL INFECTIONS	-	78,302	6,457	1	1	103	1	103	
		Plx4	78,302		1		103	1	103	
407	OTHER MUSCULOSKELETAL DISORDERS	-	6,128	5,870	45	49	7	78	5,682	22
		Plx1	4,667	4,280	33	38	5	61	4,068	16
		Plx2	8,533	4,495	5	3	11	8	8,852	41
		Plx3	11,554	19,194	2	4	12	6	11,662	37
		Plx4	13,582	51,114	3	6	9	3	11,673	122
409	BACK PAIN (MNRH)	-	4,413	3,738	189	211	6	762	4,096	20
		Plx1	3,694	3,022	161	171	5	690	3,594	17
		Plx2	12,169	6,967	17	26	18	46	7,014	45
		Plx3	10,131	6,690	11	8	13	21	9,278	50
		Plx4	19,179	25,504	3	5	34	5	15,371	88
411	SIGNS, SYMPTOMS AND DEFORMITIES (MNRH)	-	4,179	4,359	146	142	5	386	3,403	20
		Plx1	3,542	3,861	121	124	4	333	2,901	17
		Plx2	8,360	7,373	13	10	12	26	5,787	45
		Plx3	8,203	7,857	10	5	10	17	7,484	53
		Plx4	12,020	39,216	4	3	18	10	7,118	86
413	JOINT DERANGEMENTS (MNRH)	-	3,916	3,236	50	46	5	113	3,517	19
		Plx1	2,792	2,780	42	42	3	104	1,996	13
		Plx2	6,805	18,330	3	2	11	5	4,144	26
		Plx4	14,391	14,307	2	1	16	3	1,953	78
414	SPRAINS STRAINS AND MINOR INJURIES (MNRH)	-	3,251	3,898	50	51	4	119	3,253	22
		Plx1	2,845	3,220	46	44	4	108	2,361	16
		Plx2	3,766	12,919	2	3	6	3	4,276	42
		Plx3	5,543	6,867	1	3	3	5	73	
		Plx4	18,613	8,516	1	1	22	3	48	

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		Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007				
		Ptx Level	2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
CMG Description	425 SKIN GRAFT AND WOUND DEBRIDEMENT FOR DERMATOLOGIC DIS EXCEPT ULCER OR CELLULITIS	-	4,422	4,300	645	478	1	1,461	2,420	4
		Ptx1	4,376	4,237	637	470	1	1,408	2,364	4
		Ptx2	12,298	10,796	19	13	6	33	5,980	20
		Ptx3	13,506	17,256	7	6	8	8	4,361	27
		Ptx4	22,490	60,519	7	4	13	12	4,784	55
427 SKIN GRAFT AND WOUND DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS		-	37,143	17,428	50	48	34	73	42,745	126
		Ptx1	17,846	14,157	31	38	17	44	12,403	60
		Ptx2	49,708	25,148	3	5	58	4	24,954	184
		Ptx3	38,090	27,818	7	2	40	11	31,915	178
		Ptx4	132,260	78,833	10	4	95	14	91,421	201
428 BREAST PROCEDURES EXCEPT BIOPSY AND LOCAL EXCISION WITHOUT MALIGNANCY		-	4,636	5,328	65	71	1	178	1,591	1
		Ptx1	4,636	5,318	65	69	1	176	1,591	1
		Ptx2	7,089	6,794	1	1	2	2		7
429 TOTAL MASTECTOMY FOR BREAST MALIGNANCY		-	4,624	4,434	766	685	2	1,006	1,804	4
		Ptx1	4,577	4,369	741	662	1	968	1,797	4
		Ptx2	6,222	7,531	25	29	3	31	1,714	11
		Ptx3	9,173	6,315	3	2	3	6	4,309	19
432 SUBTOTAL MASTECTOMY AND OTHER BREAST PROCEDURES FOR MALIGNANCY		-	3,805	3,858	435	554	1	630	1,311	1
		Ptx1	3,803	3,835	433	545	1	619	1,312	1
		Ptx2	5,683	5,271	7	9	4	9	2,969	18
		Ptx3	13,682		1		15	2		32
434 BREAST BIOPSY AND LOCAL EXCISION WITHOUT MALIGNANCY		-	3,252	2,753	34	40	1	66	1,278	1
		Ptx1	3,252	2,687	34	39	1	66	1,278	1
435 PERIANAL AND PILONIDAL CYST PROCEDURES		-	2,653	3,445	44	49	2	121	1,893	7
		Ptx1	2,556	3,170	42	43	2	116	1,881	7
		Ptx2	4,694	6,931	2	7	4	4	573	16
		Ptx4	7,656		1		9	1		221
436 PLASTIC SURGERY		-	4,583	3,850	41	35	2	118	1,744	4
		Ptx1	4,583	3,850	41	35	2	116	1,744	4
		Ptx2	32,380		1		23	1		31
		Ptx4	60,592		1		55	1		55

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
437	OTHER DERMATOLOGICAL PROCEDURES WITHOUT MALIGNANCY OR SKIN ULCER OR CELLULITIS	-	5,266	5,191	173	166	4	262	3,473	16
		Plx1	4,786	4,702	162	156	4	249	2,953	13
		Plx2	13,731	10,155	6	5	12	8	6,739	22
		Plx3	7,902	20,679	1	1	9	1		57
		Plx4	82,679	31,179	4	2	43	4	104,305	75
438	OTHER DERMATOLOGICAL PROCEDURES FOR MALIGNANCY OR SKIN ULCER OR CELLULITIS	-	10,824	10,914	140	121	10	213	11,479	47
		Plx1	7,435	7,408	106	85	6	164	5,096	25
		Plx2	20,665	14,900	12	13	21	17	31,119	103
		Plx3	18,532	35,989	14	8	19	19	7,527	71
		Plx4	53,446	30,566	10	14	50	13	28,652	169
439	SKIN ULCER	-	17,804	16,124	55	74	21	167	15,158	72
		Plx1	12,355	11,492	32	33	16	106	8,940	60
		Plx2	25,700	28,122	4	17	23	18	19,374	95
		Plx3	28,308	11,179	14	16	31	26	24,622	100
		Plx4	43,050	43,537	8	12	54	17	32,472	160
440	MAJOR SKIN DISORDERS	-	7,227	7,194	46	61	6	113	9,019	22
		Plx1	5,122	4,685	37	43	5	86	4,282	17
		Plx2	13,351	17,353	6	5	17	11	10,156	46
		Plx3	14,539	6,959	3	7	22	7	16,573	76
		Plx4	47,957	22,517	6	8	19	9	56,389	93
443	MALIGNANT BREAST DISORDERS	-	10,734	12,929	37	37	12	82	11,008	57
		Plx1	6,675	13,622	14	9	8	35	6,431	47
		Plx2	9,098	9,499	16	17	12	33	6,924	56
		Plx3	24,927	11,647	6	6	33	11	25,151	92
		Plx4	39,244	24,884	3	5	34	3	4,144	74
446	NON-MALIGNANT BREAST DISORDERS	-	2,487	2,550	20	26	3	42	1,132	10
		Plx1	2,354	2,490	19	24	2	41	989	8
		Plx2	5,019	2,810	1	1	7	1		7

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CMG Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
447 CELLULITIS	-	5,594	5,366	851	734	7	2,086	4,103	21
	Ptx1	4,597	4,277	603	545	6	1,654	3,213	15
	Ptx2	8,843	9,217	142	92	11	250	6,456	32
	Ptx3	10,003	9,038	78	77	12	124	8,287	41
	Ptx4	16,836	15,260	44	28	22	58	13,651	72
452 TRAUMA OF SKIN, SUBCUTANEOUS TISSUE AND BREAST	-	3,407	3,214	84	87	4	324	2,909	13
	Ptx1	2,911	3,062	76	80	3	295	2,243	10
	Ptx2	6,611	9,055	4	8	7	15	3,586	26
	Ptx3	8,663	4,789	2	1	13	9	5,086	32
	Ptx4	24,810		3		37	5	5,536	81
454 MINOR SKIN DISORDERS	-	3,982	3,866	165	130	4	395	3,317	16
	Ptx1	3,174	3,432	133	116	3	347	2,543	13
	Ptx2	10,747	8,676	17	8	13	23	9,763	40
	Ptx3	8,981	9,534	11	9	12	14	6,311	41
	Ptx4	15,635	46,610	9	2	13	11	21,363	74
476 ADRENAL AND PITUITARY PROCEDURES	-	9,264	10,574	113	99	4	122	3,423	12
	Ptx1	8,986	9,328	104	83	4	112	3,138	11
	Ptx2	10,474	16,135	7	11	6	7	3,448	28
	Ptx3	38,477	64,392	1	1	22	1		50
	Ptx4	27,532	74,169	2	3	20	2	13,985	52
477 PARATHYROID PROCEDURES	-	4,571	5,334	140	123	2	166	1,706	4
	Ptx1	4,555	4,794	137	114	2	162	1,713	4
	Ptx2	4,259	17,939	1	3	1	1		17
	Ptx3	7,829	18,585	3	4	6	3	3,612	30
478 OBESITY PROCEDURES	-	7,552	8,511	172	126	3	394	3,302	10
	Ptx1	7,334	7,989	163	119	2	376	3,137	7
	Ptx2	11,839	21,496	5	1	5	12	4,093	13
	Ptx3	14,289	8,988	3	2	10	5	8,957	21
	Ptx4	25,534	28,751	1	2	12	1		56

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
479	THYROID PROCEDURES	-	4,479	4,556	794	783	1	1,014	2,018	4
		Plx1	4,440	4,519	782	774	1	985	1,975	4
		Plx2	9,021	11,779	7	7	3	8	5,014	11
		Plx3	10,272	11,478	11	11	5	17	5,527	15
		Plx4	29,014	11,686	4	2	13	4	17,317	50
480	THYROGLOSSAL PROCEDURES	-	4,264	3,144	14	10	2	18	1,760	4
		Plx1	4,264	3,239	14	9	2	18	1,760	4
482	OTHER ENDOCRINE, NUTRITION AND METABOLIC PROCEDURES	-	25,025	26,557	106	106	10	127	25,108	50
		Plx1	22,572	25,386	74	77	5	82	25,027	21
		Plx2	19,527	25,993	10	6	17	13	8,847	61
		Plx3	22,226	16,246	5	10	15	9	4,463	52
		Plx4	45,929	69,368	19	19	32	23	36,797	118
483	DIABETES	-	5,158	4,911	1,155	935	5	3,074	5,279	20
		Plx1	3,807	3,640	774	669	4	2,209	3,528	17
		Plx2	7,544	7,759	159	118	9	418	6,041	34
		Plx3	8,349	8,063	151	107	10	286	6,052	31
		Plx4	13,977	18,705	112	75	13	161	12,467	60
485	NUTRITIONAL AND MISCELLANEOUS METABOLIC DISORDERS	-	5,613	5,530	953	894	6	2,176	5,884	20
		Plx1	3,907	3,968	587	568	4	1,516	3,505	14
		Plx2	7,475	7,420	180	154	8	342	6,134	27
		Plx3	9,352	8,938	130	117	10	209	9,168	36
		Plx4	18,111	16,338	69	48	15	109	17,882	59
487	CYSTIC FIBROSIS	-	18,200	16,303	123	100	12	138	9,219	28
		Plx1	18,484	16,533	75	68	12	84	9,473	28
		Plx2	23,544	13,499	16	10	14	16	12,645	31
		Plx3	16,732	17,743	27	20	13	31	9,678	31
		Plx4	17,524	8,107	7	2	14	7	8,120	43

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
488	INBORN ERRORS OF METABOLISM	-	12,590	11,159	45	31	7	74	13,525	20
		Ptx1	12,290	11,669	33	24	5	58	15,083	17
		Ptx2	12,962	17,303	3	3	6	4	10,956	23
		Ptx3	17,584	3,485	7	4	16	8	15,861	36
		Ptx4	17,775	45,816	2	3	12	4	5,518	102
489	ENDOCRINE DISORDERS	-	4,886	5,277	190	129	5	372	4,772	22
		Ptx1	3,941	3,960	154	101	4	308	3,012	16
		Ptx2	8,625	10,765	23	20	10	39	8,722	44
		Ptx3	11,748	7,986	12	6	16	17	9,239	56
		Ptx4	18,017	18,583	5	7	20	8	9,197	87
500	KIDNEY TRANSPLANT	-	20,349	23,936	127	129	9	130	12,251	24
		Ptx1	16,567	17,441	71	71	7	77	6,520	13
		Ptx2	20,194	28,778	20	19	9	20	6,586	21
		Ptx3	20,289	26,487	20	18	10	20	5,990	28
		Ptx4	43,738	54,941	13	17	18	13	31,754	58
501	URINARY DIVERSION AND AUGMENTATION	-	18,864	19,883	130	115	12	139	8,569	32
		Ptx1	15,838	15,510	96	74	10	98	6,077	22
		Ptx2	29,922	23,947	13	12	19	13	11,562	45
		Ptx3	27,455	25,434	10	11	17	11	9,463	46
		Ptx4	33,124	39,254	16	21	24	17	14,197	62
502	RADICAL PROSTATECTOMY	-	8,000	8,023	652	636	3	744	1,685	6
		Ptx1	7,960	7,866	635	600	3	703	1,641	6
		Ptx2	9,323	10,736	15	8	5	19	2,617	10
		Ptx3	11,656	10,843	7	7	7	10	4,250	20
		Ptx4	30,021	12,922	11	6	20	12	15,448	43
503	DIALYSIS PROCEDURES	-	23,954	8,815	65	138	15	83	25,804	55
		Ptx1	13,563	2,896	29	96	9	36	11,384	22
		Ptx2	18,955	14,584	14	14	17	21	15,097	49
		Ptx3	27,327	19,682	9	6	16	11	23,787	67
		Ptx4	94,907	97,485	15	11	68	15	75,064	215

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504	MAJOR URINARY TRACT PROCEDURES	-	8,729	8,956	694	633	4	882	4,785	12
		Plx1	8,369	8,402	644	564	4	789	4,634	12
		Plx2	14,212	12,027	31	43	8	40	4,773	19
		Plx3	15,760	17,740	26	20	10	38	6,184	26
		Plx4	28,892	45,576	13	19	16	15	15,183	62
505	RECONSTRUCTIVE UROLOGICAL PROCEDURES	-	5,345	5,053	50	34	4	81	2,752	13
		Plx1	5,083	5,053	45	34	3	71	2,373	11
		Plx2	7,604		5		6	5	4,592	27
		Plx3	27,272		3		23	4	4,260	55
		Plx4	27,887	19,006	1	1	20	1		63
506	OPEN PROSTATECTOMY	-	7,147	6,714	19	17	5	21	2,732	9
		Plx1	6,082	6,461	15	16	4	17	1,378	9
		Plx2	9,625	10,761	2	1	4	2	4,090	15
		Plx3	13,406		1		9	1		11
		Plx4	11,900		1		9	1		21
507	VASCULAR AND OTHER URINARY PROCEDURES	-	22,665	16,262	28	28	13	33	27,049	57
		Plx1	8,916	7,347	18	16	4	22	6,779	17
		Plx2	25,349	17,583	2	3	19	2	26,918	67
		Plx3	47,521	8,110	3	1	28	3	44,407	82
		Plx4	77,185	45,036	6	9	56	6	38,062	124
508	MINOR UPPER URINARY TRACT PROCEDURES	-	6,653	7,513	224	239	3	284	3,072	11
		Plx1	6,477	6,675	207	214	3	242	2,895	8
		Plx2	14,481	17,623	13	7	11	16	7,330	32
		Plx3	9,726	15,277	11	14	7	13	5,006	27
		Plx4	36,813	21,611	11	6	24	13	25,351	74
509	MINOR LOWER URINARY TRACT PROCEDURES	-	5,675	5,312	158	139	3	222	2,985	10
		Plx1	5,517	5,098	148	133	2	204	2,957	7
		Plx2	10,607	8,286	9	3	9	11	5,714	37
		Plx3	9,210	15,109	4	1	6	4	1,140	49
		Plx4	34,122	18,678	2	1	41	3	28,181	73

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510	TRANSURETHRAL PROSTATECTOMY	-	3,333	3,580	1,218	747	2	1,654	1,444	7
		Ptx1	3,236	3,496	1,175	723	2	1,566	1,240	7
		Ptx2	6,110	7,637	31	21	4	51	3,495	15
		Ptx3	10,975	11,294	21	18	9	26	6,434	39
		Ptx4	21,898	11,028	10	6	23	11	21,470	89
512	OTHER TRANSURETHRAL OR BIOPSY PROCEDURES (MNRH)	-	2,447	2,328	1,451	1,199	1	2,092	1,020	4
		Ptx1	2,436	2,319	1,433	1,183	1	2,014	1,015	4
		Ptx2	7,077	6,535	25	23	6	37	4,450	24
		Ptx3	6,245	8,391	13	10	5	22	4,694	29
		Ptx4	15,828	28,500	15	6	15	19	11,885	65
514	MISCELLANEOUS URINARY TRACT PROCEDURES (MNRH)	-	2,815	2,248	13	6	1	21	1,376	4
		Ptx1	2,815	2,248	13	6	1	21	1,376	4
520	RENAL FAILURE WITH DIALYSIS	-	20,604	20,601	145	118	16	211	16,665	61
		Ptx1	10,778	14,648	63	53	9	96	6,472	39
		Ptx2	21,000	19,055	21	19	18	38	14,945	63
		Ptx3	24,202	25,919	24	14	23	35	14,782	63
		Ptx4	37,940	31,570	35	33	24	42	27,642	75
521	RENAL FAILURE WITHOUT DIALYSIS	-	7,410	7,318	657	609	8	1,385	6,392	31
		Ptx1	5,319	5,093	333	328	6	789	4,309	21
		Ptx2	7,998	7,680	146	109	9	273	6,140	34
		Ptx3	8,498	9,035	110	98	10	211	6,094	41
		Ptx4	18,041	18,441	71	70	18	112	12,705	73
522	URINARY NEOPLASM	-	9,421	9,214	148	142	11	360	9,085	48
		Ptx1	5,498	6,662	65	68	6	190	5,397	32
		Ptx2	9,798	12,059	47	41	14	101	6,744	50
		Ptx3	15,071	12,623	22	18	21	45	10,769	82
		Ptx4	24,493	12,117	19	17	26	24	20,226	87

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524	NEPHROTIC SYNDROME	-	5,652	3,249	38	32	4	55	4,911	19
		Plx1	4,676	2,921	25	28	4	35	3,682	16
		Plx2	6,114	20,995	6	1	4	9	2,454	23
		Plx3	8,639	7,428	5	5	7	6	9,940	29
		Plx4	25,058	26,407	4	2	18	5	21,908	57
525	NEPHROPATHY WITHOUT NEPHROTIC SYNDROME	-	7,279	5,875	42	45	7	67	5,678	23
		Plx1	5,509	3,750	19	27	4	36	5,121	11
		Plx2	11,434	4,848	4	3	9	6	7,830	17
		Plx3	9,388	8,963	13	12	11	13	9,143	35
		Plx4	16,029	19,607	11	2	17	12	12,240	48
526	MISCELLANEOUS NEPHROLOGICAL DIAGNOSIS	-	5,122	9,848	14	14	4	18	3,555	22
		Plx1	4,645	6,500	12	9	4	14	3,576	18
		Plx2	6,493		1		7	1		17
		Plx3	9,477	19,124	1	3	9	2		23
		Plx4	71,633	11,003	1	2	52	1		52
527	UPPER URINARY TRACT INFECTION	-	3,621	3,785	387	402	4	1,002	2,722	11
		Plx1	3,215	3,722	323	359	3	868	1,919	11
		Plx2	7,006	5,036	28	27	8	61	4,653	22
		Plx3	4,975	5,582	37	21	6	60	3,372	22
		Plx4	17,690	22,473	10	9	14	13	12,547	39
529	LOWER URINARY TRACT INFECTION	-	5,398	5,295	1,222	1,046	6	2,510	4,442	18
		Plx1	4,495	4,244	847	721	5	1,836	3,037	17
		Plx2	8,602	7,416	182	146	10	313	6,605	31
		Plx3	9,150	8,816	183	138	11	240	7,691	35
		Plx4	15,763	17,304	101	78	16	121	12,578	56
532	URINARY RETENTION AND OTHER FUNCTIONAL DISORDERS OF BLADDER	-	3,692	3,320	88	112	4	237	3,750	18
		Plx1	2,734	2,819	68	93	3	194	2,643	13
		Plx2	11,411	6,738	9	12	17	23	8,759	46
		Plx3	8,747	5,546	12	6	10	17	7,860	44
		Plx4	16,177	33,227	3	1	22	3	16,369	85

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534 MISCELLANEOUS UROLOGICAL DIAGNOSES (MNRH)	-	3,539	3,222	124	132	3	218	3,175	13
	Plx1	2,857	3,012	109	122	2	194	2,081	10
	Plx2	10,283	7,252	6	9	11	13	4,534	22
	Plx3	7,951	17,565	5	5	7	8	7,508	35
	Plx4	27,745	24,673	3	3	20	3	36,251	65
535 HEMATURIA (MNRH)	-	3,173	2,829	116	127	4	223	2,745	16
	Plx1	2,751	2,350	104	113	3	201	2,031	13
	Plx2	8,569	6,919	7	9	10	13	5,743	32
	Plx3	8,127	10,384	7	4	9	8	6,578	33
536 URINARY OBSTRUCTION (MNRH)	-	2,419	2,359	599	677	2	1,750	1,817	7
	Plx1	2,321	2,305	568	650	2	1,651	1,577	7
	Plx2	6,026	4,724	18	15	7	40	5,399	23
	Plx3	8,475	8,225	29	19	7	44	7,073	24
	Plx4	18,342	20,557	13	6	17	15	12,285	58
538 ADMISSION FOR DIALYSIS (MNRH)	-	8,683	3,208	2	4	10	3	7,472	17
	Plx1	3,399	1,766	1	3	2	3		15
550 MAJOR PELVIC AND RETROPERITONEUM PROCEDURES	-	10,761	11,616	4	2	4	4	2,993	9
	Plx1	10,761	11,616	4	2	4	4	2,993	10
551 PENIS PROCEDURES	-	4,964	3,949	62	95	1	103	2,273	4
	Plx1	4,944	3,953	61	93	1	98	2,286	4
	Plx2	6,168	25,903	1	3	3	3		14
	Plx3	35,996	9,506	1	2	22	1		22
	Plx4	71,396	4,967	1	1	41	1		64
552 TESTES PROCEDURES	-	3,383	2,951	113	107	1	157	2,074	4
	Plx1	3,383	2,951	113	107	1	154	2,074	4
	Plx2	22,247	8,820	1	2	14	2		32
	Plx4	127,660	25,022	1	3	82	1		109
554 MISCELLANEOUS MALE REPRODUCTIVE SYSTEM PROCEDURES (MNRH)	-	2,036	2,357	71	68	1	162	827	1
	Plx1	2,036	2,357	71	68	1	161	827	1

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555 CIRCUMCISION (MNRH)	-	2,367	1,852	10	8	1	40	671	1
	Plx1	2,367	1,852	10	8	1	37	671	1
	Plx2	6,786		1		3	2		10
	Plx3	17,835		1		21	1		21
560 MALIGNANCY OF MALE REPRODUCTIVE ORGAN	-	13,390	7,541	8	9	9	13	10,161	32
	Plx1	11,609	3,833	3	6	5	7	9,642	15
	Plx2	8,846	2,877	2	1	13	3	2,598	33
	Plx3	9,626		1		11	1		11
	Plx4	22,486	29,306	2	1	11	2	17,307	17
561 MALE REPRODUCTIVE SYSTEM INFLAMMATION	-	3,021	3,419	50	45	4	117	1,821	11
	Plx1	2,921	2,624	47	36	4	105	1,759	11
	Plx2	6,534	3,357	3	2	8	7	4,022	15
	Plx3	23,330	5,589	1	2	20	4		25
	Plx4	4,350	8,305	1	3	7	1		11
562 OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	-	4,208	1,717	11	4	4	18	5,304	12
	Plx1	2,770	1,717	9	4	3	16	2,049	10
	Plx2	2,163		1		2	2		16
563 MISCELLANEOUS MALE REPRODUCTIVE SYSTEM DIAGNOSES (MNRH)	-	2,617	2,137	7	6	3	15	1,878	11
	Plx1	1,814	2,137	5	6	1	12	1,560	10
	Plx2	4,869		1		5	2		13
	Plx3	4,385		1		6	1		6
575 PELVIC EXENTERATION	-	35,248	21,549	4	2	24	5	24,387	74
	Plx1	24,057	15,604	3	1	20	4	11,858	45
	Plx4	68,822		1		35	1		45
576 RADICAL HYSTERECTOMY AND VULVECTOMY	-	8,888	8,754	77	63	5	81	3,482	13
	Plx1	8,506	8,682	71	61	4	74	3,010	12
	Plx2	15,244		4		9	4	6,063	18
	Plx3	9,738	10,954	2	2	8	2	1,804	12
	Plx4	99,631	59,397	1	1	60	1		112

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
577	MAJOR GYNECOLOGICAL PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY	-	8,849	9,112	192	195	5	227	3,739	15
		Plx1	8,323	8,182	167	152	5	198	3,305	12
		Plx2	11,753	11,253	12	24	7	12	5,450	19
		Plx3	12,670	13,857	12	13	8	13	4,020	21
		Plx4	24,212	24,029	4	7	18	4	9,684	36
578	MAJOR GYNECOLOGICAL PROCEDURES FOR MALIGNANCY EXCEPT OVARIAN OR ADNEXAL	-	6,667	6,941	316	330	4	389	2,679	9
		Plx1	6,310	6,525	286	292	3	350	2,331	6
		Plx2	10,565	9,604	20	18	6	23	4,746	11
		Plx3	16,695	11,894	9	21	12	9	9,315	23
		Plx4	30,237	19,088	7	7	15	7	21,361	38
579	MAJOR UTERINE AND ADNEXAL PROCEDURES WITHOUT MALIGNANCY	-	5,001	4,859	3,879	3,994	3	5,715	1,866	8
		Plx1	4,804	4,792	3,649	3,888	3	5,556	1,627	5
		Plx2	7,274	7,801	54	73	5	77	2,679	12
		Plx3	8,682	9,252	48	45	6	64	3,930	15
		Plx4	13,504	10,863	12	13	10	18	6,301	22
581	RECONSTRUCTIVE GYNECOLOGICAL PROCEDURES	-	4,344	4,295	776	795	3	1,096	1,837	7
		Plx1	4,304	4,123	760	762	3	1,068	1,823	7
		Plx2	7,560	6,214	14	13	6	16	3,919	15
		Plx3	10,841	9,518	6	11	8	9	5,571	24
		Plx4	16,219	7,663	3	2	15	3	10,867	28
582	OTHER GYNECOLOGICAL PROCEDURES	-	4,777	5,156	60	66	3	102	2,386	10
		Plx1	4,730	4,892	58	64	3	95	2,339	10
		Plx2	2,996		1		2	2		19
		Plx3	16,445	18,498	2	2	13	2	2,271	26
		Plx4	9,319	25,614	1	2	8	3		25
583	RADIO-IMPLANT FOR MALIGNANCY	-	2,499	2,136	18	28	2	60	1,173	8
		Plx1	2,323	2,136	17	28	2	56	930	8
		Plx2	5,502		1		3	2		53

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584 VAGINA, CERVIX AND VULVA PROCEDURES	-	3,751	3,544	178	230	3	283	2,025	7
	Plx1	3,693	3,539	174	228	3	275	1,976	7
	Plx2	7,649	3,103	6	1	7	6	2,156	20
	Plx3	11,519	8,533	2	2	9	2	10,419	20
585 GYNECOLOGICAL LAPAROSCOPY (MNRH)	-	3,001	2,912	15	24	2	36	1,093	7
	Plx1	3,001	2,912	15	24	2	35	1,093	7
	Plx2	15,949		1		13	1		13
586 TUBAL INTERRUPTION (MNRH)	-	3,035	1,865	5	19	1	37	2,388	4
	Plx1	3,035	1,865	5	19	1	37	2,388	4
587 MISCELLANEOUS GYNECOLOGICAL PROCEDURES (MNRH)	-	1,741	1,602	252	253	1	365	1,041	4
	Plx1	1,464	1,386	205	201	1	352	779	1
	Plx2	6,074	6,851	6	2	6	7	6,291	26
	Plx3	7,076		3		6	3	3,916	15
	Plx4	27,613	2,105	3	1	13	3	26,355	65
592 MALIGNANCY OF FEMALE REPRODUCTIVE ORGAN	-	8,451	7,471	67	87	11	150	7,426	39
	Plx1	4,609	3,917	35	49	6	86	3,746	29
	Plx2	10,427	9,984	21	14	14	35	7,645	42
	Plx3	18,508	12,055	10	10	23	22	8,971	61
	Plx4	28,413	14,120	4	14	31	7	21,681	79
594 FEMALE REPRODUCTIVE SYSTEM INFECTION	-	2,457	2,602	95	86	3	181	1,558	8
	Plx1	2,348	2,556	91	83	3	173	1,463	8
	Plx3	4,111	3,289	3	1	5	4	1,142	9
	Plx4	7,325	5,967	1	1	8	1		8
595 OTHER FEMALE REPRODUCTIVE SYSTEM DIAGNOSES AND INJURIES	-	1,354	1,294	10	6	2	24	1,234	7
	Plx1	1,354	1,294	10	6	2	22	1,234	7
	Plx2	7,033		1		8	2		13
596 MISCELLANEOUS GYNECOLOGICAL DIAGNOSES (MNRH)	-	2,660	2,212	248	247	2	471	2,447	7
	Plx1	2,610	2,205	239	239	2	452	2,318	7
	Plx2	5,275	3,229	7	8	4	12	5,423	11
	Plx3	2,789	4,820	1	2	3	5		10
	Plx4	2,122	16,259	2	1	1	2	1,740	1

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599 PREMATURE LABOUR	-	2,651	2,254	322	287	3	549	1,752	10
	Plx9	2,651	2,254	322	287	3	549	1,752	10
600 MAJOR PROCEDURES IN PREGNANCY OR CHILDBIRTH	-	5,865	6,821	201	149	4	267	3,889	9
	Plx9	5,865	6,821	201	149	4	267	3,889	9
601 REPEAT CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS	-	3,775	3,983	967	855	3	1,366	1,427	6
	Plx9	3,775	3,983	967	855	3	1,366	1,427	6
602 CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS	-	4,775	4,759	2,528	2,190	4	3,566	2,603	9
	Plx9	4,775	4,759	2,528	2,190	4	3,566	2,603	9
603 REPEAT CAESAREAN DELIVERY	-	3,241	3,265	2,156	1,908	3	3,371	929	5
	Plx9	3,241	3,265	2,156	1,908	3	3,371	929	5
604 CAESAREAN DELIVERY	-	3,895	4,074	2,401	2,439	3	3,673	1,006	6
	Plx9	3,895	4,074	2,401	2,439	3	3,673	1,006	6
606 VAGINAL DELIVERY WITH STERILIZATION PROCEDURES	-	3,691	3,378	9	12	3	83	1,310	5
	Plx9	3,691	3,378	9	12	3	83	1,310	5
607 VAGINAL DELIVERY WITH MINOR PROCEDURES	-	3,436	3,512	141	137	2	262	1,816	5
	Plx9	3,436	3,512	141	137	2	262	1,816	5
608 VAGINAL DELIVERY AFTER CAESAREAN (VBAC) WITH COMPLICATING DIAGNOSIS	-	2,532	2,565	299	266	2	437	952	4
	Plx9	2,532	2,565	299	266	2	437	952	4
609 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	-	2,568	2,668	8,710	8,007	2	13,026	1,081	4
	Plx9	2,568	2,668	8,710	8,007	2	13,026	1,081	4
610 VAGINAL DELIVERY AFTER CAESAREAN DELIVERY (VBAC)	-	2,167	2,252	414	423	1	714	754	4
	Plx9	2,167	2,252	414	423	1	714	754	4
611 VAGINAL DELIVERY	-	2,052	2,088	10,627	10,167	1	18,593	837	4
	Plx9	2,052	2,088	10,627	10,167	1	18,593	837	4
612 ECTOPIC PREGNANCY WITH MAJOR PROCEDURES	-	4,134	4,174	70	94	3	131	1,656	8
	Plx9	4,134	4,174	70	94	3	131	1,656	8
613 ECTOPIC PREGNANCY WITH MINOR PROCEDURES	-	2,945	2,762	345	259	2	436	934	4
	Plx9	2,945	2,762	345	259	2	436	934	4
614 ECTOPIC PREGNANCY	-	648	571	61	59	1	124	478	1
	Plx9	648	571	61	59	1	124	478	1

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615 THREATENED ABORTION	-	1,080	1,055	35	33	1	161	589	4
	Ptx9	1,080	1,055	35	33	1	161	589	4
616 ABORTIVE OUTCOME WITH INJECTION	-	2,050	1,719	29	22	1	36	1,198	4
	Ptx9	2,050	1,719	29	22	1	36	1,198	4
617 ABORTIVE OUTCOME WITH D AND C	-	1,242	1,174	994	1,010	1	1,592	563	1
	Ptx9	1,242	1,174	994	1,010	1	1,592	563	1
618 ABORTIVE OUTCOME	-	1,602	1,549	205	154	1	504	1,265	4
	Ptx9	1,602	1,549	205	154	1	504	1,265	4
619 FALSE LABOUR LOS < 3 DAYS (MNRH)	-	879	938	442	413	1	1,132	486	1
	Ptx9	879	938	442	413	1	1,132	486	1
620 POST-PARTUM DIAGNOSIS WITH PROCEDURES OTHER THAN D AND C	-	9,437	5,880	18	16	5	27	9,381	16
	Ptx9	9,437	5,880	18	16	5	27	9,381	16
621 POST-PARTUM DIAGNOSIS WITH D AND C	-	1,270	1,533	124	135	1	226	530	1
	Ptx9	1,270	1,533	124	135	1	226	530	1
622 POST-PARTUM DIAGNOSIS	-	1,916	1,884	462	458	2	822	1,584	7
	Ptx9	1,916	1,884	462	458	2	822	1,584	7
623 ANTEPARTUM DIAGNOSIS WITH COMPLICATING DIAGNOSIS	-	2,239	2,139	710	696	3	1,407	1,938	10
	Ptx9	2,239	2,139	710	696	3	1,407	1,938	10
624 ANTEPARTUM DIAGNOSIS	-	1,555	1,511	1,011	996	2	2,339	953	4
	Ptx9	1,555	1,511	1,011	996	2	2,339	953	4
625 NEONATES WEIGHT < 750 GRAMS	-	32,369	11,040	34	32	11	143	39,282	42
	Ptx9	32,369	11,040	34	32	11	143	39,282	42
626 NEONATES WEIGHT 750-999 GRAMS	-	92,629	78,677	125	141	48	136	59,971	179
	Ptx9	92,629	78,677	125	141	48	136	59,971	179
627 NEONATES WEIGHT 1000-1499 GM WITH CATASTROPHIC DIAGNOSIS	-	35,364	59,720	3	4	25	3	45,065	94
	Ptx9	35,364	59,720	3	4	25	3	45,065	94
628 NEONATES WEIGHT 1000-1499 GM WITHOUT CATASTROPHIC DIAGNOSIS	-	44,136	38,861	411	403	30	457	37,078	105
	Ptx9	44,136	38,861	411	403	30	457	37,078	105
630 NEONATES WEIGHT 1500-1999 GM WITH CATASTROPHIC DIAGNOSIS	-	35,495	22,479	2	4	20	3	16,620	53
	Ptx9	35,495	22,479	2	4	20	3	16,620	53

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631	NEONATES WEIGHT 1500-1999 GM WITH MAJOR PROBLEM DIAGNOSIS	-	34,170	29,799	176	226	22	200	29,619	76
		Plx9	34,170	29,799	176	226	22	200	29,619	76
632	NEONATES WEIGHT 1500-1999 GM WITH MOD OR MINOR OR NO PROBLEM DIAGNOSIS	-	16,753	15,413	588	598	14	702	12,968	51
		Plx9	16,753	15,413	588	598	14	702	12,968	51
636	NEONATES WEIGHT 2000-2499 GM WITH CATASTROPHIC DIAGNOSIS	-	24,717	199,235	9	1	16	10	25,467	60
		Plx9	24,717	199,235	9	1	16	10	25,467	60
637	NEONATES WEIGHT 2000-2499 GM WITH MAJOR PROBLEM DIAGNOSIS	-	20,666	18,937	177	194	11	218	22,017	48
		Plx9	20,666	18,937	177	194	11	218	22,017	48
638	NEONATES WEIGHT 2000-2499 GM WITH MODERATE PROBLEM DIAGNOSIS	-	11,954	12,616	308	298	8	371	11,133	34
		Plx9	11,954	12,616	308	298	8	371	11,133	34
639	NEONATES WEIGHT 2000-2499 GM WITH MINOR PROBLEM DIAGNOSIS	-	4,834	5,685	1,392	1,070	5	1,873	5,724	20
		Plx9	4,834	5,685	1,392	1,070	5	1,873	5,724	20
643	NEONATES WEIGHT > 2500 GM WITH CATASTROPHIC DIAGNOSIS	-	27,558	40,978	15	15	10	19	30,328	38
		Plx9	27,558	40,978	15	15	10	19	30,328	38
644	NEONATES WEIGHT > 2500 GM WITH MAJOR PROBLEM DIAGNOSIS	-	13,331	12,986	641	585	6	874	17,146	23
		Plx9	13,331	12,986	641	585	6	874	17,146	23
645	NEONATES WEIGHT > 2500 GM WITH MODERATE PROBLEM DIAGNOSIS	-	4,768	4,724	1,238	1,245	3	1,912	5,854	11
		Plx9	4,768	4,724	1,238	1,245	3	1,912	5,854	11
646	NEONATES WEIGHT > 2500 GM WITH CAESARIAN DELIVERY	-	1,582	1,598	6,591	5,976	3	10,234	693	5
		Plx9	1,582	1,598	6,591	5,976	3	10,234	693	5
647	NEONATES WEIGHT > 2500 GM WITH MINOR PROBLEM DIAGNOSIS	-	2,244	2,346	2,349	2,082	2	3,556	2,362	7
		Plx9	2,244	2,346	2,349	2,082	2	3,556	2,362	7
648	NEONATES WEIGHT > 2500 GM (NORMAL NEWBORN)	-	814	824	18,657	17,117	1	29,182	493	4
		Plx9	814	824	18,657	17,117	1	29,182	493	4
650	TRACHEOSTOMY AND GASTROSTOMY PROCEDURES FOR TRAUMA	-	98,203	100,025	122	156	42	135	56,764	144
		Plx1	29,778	30,487	6	12	14	10	16,710	42
		Plx2	40,748	30,370	5	4	18	6	24,019	58
		Plx3	70,014	61,850	9	6	31	9	45,344	147
		Plx4	112,005	111,676	103	133	48	110	63,471	149

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651	INTRACRANIAL PROCEDURES WITH SPINAL PROCEDURES FOR TRAUMA	-	72,897		1		16	1		30
		Plx9	72,897		1		16	1		30
652	INTRACRANIAL PROCEDURES WITH FEMUR PROCEDURES FOR TRAUMA	-	61,839	80,237	3	4	24	3	2,383	70
		Plx9	61,839	80,237	3	4	24	3	2,383	70
653	INTRACRANIAL OR FEMUR PROCEDURES WITH THORACO-ABDOMINAL PROCEDURES FOR TRAUMA	-	68,763	62,710	12	25	34	16	55,450	104
		Plx9	68,763	62,710	12	25	34	16	55,450	104
654	INTRACRANIAL PROCEDURES W WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	-	43,639	50,009	6	3	20	6	22,386	67
		Plx9	43,639	50,009	6	3	20	6	22,386	67
		Plx9	84,939	51,290	6	4	33	7	41,317	75
656	SPINAL PROCEDURES WITH THORACO-ABDOMINAL P FOR TRAUMA	-	85,807	32,441	5	6	45	6	72,202	103
		Plx9	85,807	32,441	5	6	45	6	72,202	103
657	SPINAL PROCEDURES WITH WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	-	41,827	25,137	19	11	21	20	23,062	51
		Plx9	41,827	25,137	19	11	21	20	23,062	51
658	FEMUR PROCEDURES WITH WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	-	34,029	36,158	68	81	17	85	24,237	53
		Plx9	34,029	36,158	68	81	17	85	24,237	53
659	THORACO-ABDOMINAL PROC W WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	-	52,820	50,302	21	20	25	22	31,110	74
		Plx9	52,820	50,302	21	20	25	22	31,110	74
660	INTRACRANIAL PROCEDURES FOR TRAUMA	-	22,595	20,569	161	172	9	176	23,592	36
		Plx1	9,892	8,902	93	90	5	104	8,378	18
		Plx2	23,140	15,416	17	29	11	17	11,387	30
		Plx3	29,137	29,879	12	13	15	14	23,153	54
		Plx4	62,677	53,906	41	39	22	41	34,466	67
661	SPINAL PROCEDURES FOR TRAUMA	-	22,008	17,694	138	103	12	148	16,580	41
		Plx1	16,274	14,693	89	70	9	96	10,126	26
		Plx2	25,144	18,219	32	24	13	33	16,663	42
		Plx3	38,914	40,084	9	5	23	9	16,786	76
		Plx4	55,724	62,828	10	10	27	10	20,460	64

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662 FEMUR OR PELVIC PROCEDURES FOR TRAUMA	-	13,572	13,268	1,276	1,078	11	1,881	8,567	35
	Plx1	10,617	10,858	929	797	8	1,393	4,306	23
	Plx2	17,422	19,062	182	147	14	273	8,775	46
	Plx3	24,675	21,610	69	71	21	108	14,135	65
	Plx4	41,344	31,373	82	60	33	107	22,757	96
663 THORACO-ABDOMINAL PROCEDURES FOR TRAUMA	-	14,058	14,758	212	170	8	263	10,088	22
	Plx1	10,696	10,940	131	103	6	154	5,806	16
	Plx2	16,802	16,940	31	31	9	43	11,600	23
	Plx3	18,051	19,741	30	22	9	36	12,801	26
	Plx4	43,406	55,745	25	26	21	30	29,727	66
664 WOUND DEBRIDEMENT AND SKIN GRAFT FOR TRAUMA	-	16,083	15,077	227	259	10	321	13,482	38
	Plx1	12,396	11,643	185	211	8	263	9,037	29
	Plx2	27,899	28,284	18	23	17	22	15,576	49
	Plx3	32,878	29,558	14	16	23	18	20,100	74
	Plx4	72,343	47,259	16	12	39	18	48,473	91
665 ELEVATED SKULL FRACTURES	-	9,315	17,365	16	11	4	17	9,474	17
	Plx1	6,290	11,405	14	7	3	14	2,050	13
	Plx2	38,004	23,292	3	3	17	3	17,407	42
666 MAJOR LOWER EXTREMITY PROCEDURES FOR TRAUMA	-	5,452	5,362	2,170	1,778	3	3,869	3,183	8
	Plx1	5,258	5,213	2,100	1,725	3	3,630	2,847	8
	Plx2	15,767	15,607	105	90	10	160	8,418	32
	Plx3	21,900	26,576	33	28	13	56	12,589	37
	Plx4	36,074	33,873	17	24	24	23	22,591	84
667 MINOR LOWER EXTREMITY PROCEDURES FOR TRAUMA	-	4,821	6,339	39	37	3	69	3,473	10
	Plx1	4,843	6,211	38	35	3	68	3,517	10
	Plx2	3,959	22,929	1	3	2	1		32
668 MISCELLANEOUS MUSCULOSKELETAL PROCEDURES FOR TRAUMA	-	6,275	5,627	540	493	4	642	3,870	11
	Plx1	5,764	5,527	504	480	3	603	3,083	8
	Plx2	19,922	17,845	23	23	9	28	15,961	22
	Plx3	30,732	39,248	2	2	18	3	1,517	38
	Plx4	40,048	43,957	6	8	16	8	9,977	30

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669 VASCULAR REPAIR FOR TRAUMA	-	6,339	7,022	79	76	3	98	4,864	10
	Ptx1	5,609	5,719	74	64	2	92	3,938	7
	Ptx2	24,950	13,243	1	8	9	2		30
	Ptx3	17,507	13,012	1	3	9	1		34
	Ptx4	69,367	20,174	2	2	38	3	22,704	99
670 UPPER EXTREMITY PROCEDURES FOR TRAUMA	-	4,214	4,131	1,781	1,667	2	2,705	2,440	7
	Ptx1	3,818	3,659	1,642	1,518	2	2,629	1,907	4
	Ptx2	11,756	13,920	43	43	8	55	7,514	22
	Ptx3	15,773	16,785	16	9	10	17	8,299	35
	Ptx4	27,522	27,730	3	11	15	4	15,254	59
674 INTRACRANIAL INJURIES WITH SPINAL INJURIES	-	13,910	15,583	41	30	8	45	18,417	30
	Ptx9	13,910	15,583	41	30	8	45	18,417	30
675 INTRACRANIAL INJURIES WITH FRACTURES OF FEMUR OR PELVIS	-	17,979	14,306	18	7	11	22	11,508	41
	Ptx9	17,979	14,306	18	7	11	22	11,508	41
676 INTRACRANIAL INJURIES WITH THORACO-ABDOMINAL INJURIES	-	16,878	14,266	45	44	8	53	15,821	30
	Ptx9	16,878	14,266	45	44	8	53	15,821	30
677 SPINAL INJURIES WITH FRACTURES OF FEMUR	-	9,422	8,233	60	53	10	87	8,211	42
	Ptx9	9,422	8,233	60	53	10	87	8,211	42
678 SPINAL INJURIES WITH THORACO-ABDOMINAL INJURIES	-	10,460	12,761	83	83	7	108	9,113	25
	Ptx9	10,460	12,761	83	83	7	108	9,113	25
679 FRACTURES OF FEMUR WITH THORACO-ABDOMINAL INJURIES	-	9,924	7,856	39	33	8	65	11,205	28
	Ptx9	9,924	7,856	39	33	8	65	11,205	28
680 FEMUR OR PELVIC FRACTURES AND DISLOCATIONS	-	7,763	8,234	431	370	10	925	7,785	47
	Ptx1	6,025	6,234	325	260	8	728	6,295	37
	Ptx2	13,336	11,199	55	66	18	101	10,717	71
	Ptx3	18,905	16,582	38	29	26	59	12,371	84
	Ptx4	21,331	23,146	24	13	23	37	25,668	135

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		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
681 FROSTBITE	-	17,996	10,814	25	12	18	51	15,988	56
	Plx1	17,133	11,851	22	9	18	44	13,442	51
	Plx2	57,278		2		61	2	433	132
	Plx3	32,814	7,704	2	3	29	3	42,092	68
	Plx4	60,311	75,360	2	1	43	2	74,906	76
682 SPINAL INJURIES	-	5,487	5,701	417	401	6	721	4,738	26
	Plx1	4,658	4,352	315	314	5	537	4,124	20
	Plx2	7,668	9,266	82	70	9	135	6,180	41
	Plx3	16,788	18,743	19	17	20	34	10,354	66
	Plx4	17,730	49,708	10	10	26	15	16,426	105
683 INTRACRANIAL INJURIES	-	6,740	6,688	407	404	5	538	8,050	20
	Plx1	4,986	4,458	289	302	4	383	6,445	14
	Plx2	10,958	14,021	24	15	8	33	10,023	29
	Plx3	9,746	8,936	61	53	8	66	8,994	32
	Plx4	30,737	26,136	52	34	19	56	32,187	69
684 FRACTURE OF HUMERUS	-	8,073	7,140	124	95	11	279	8,606	49
	Plx1	4,748	4,619	89	74	6	216	4,696	31
	Plx2	13,517	22,177	16	15	18	35	9,944	95
	Plx3	14,802	9,122	12	4	19	21	9,902	90
	Plx4	35,619	41,444	3	4	47	7	16,082	108
685 HIP AND THIGH INJURIES	-	5,147	4,593	50	33	7	179	3,538	29
	Plx1	4,489	3,197	44	29	6	157	2,894	23
	Plx2	6,893	16,530	3	4	12	10	2,497	71
	Plx3	21,481		1		35	7		91
	Plx4	23,793	29,654	3	4	32	5	21,450	70
686 MAJOR NERVE INJURIES	-	9,370	7,722	12	8	3	14	6,202	11
	Plx1	9,370	7,722	12	8	3	13	6,202	11

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
687 THORACO-ABDOMINAL INJURIES	-	5,321	5,400	706	636	4	1,144	4,793	17
	Plx1	4,652	4,512	610	547	4	975	3,526	14
	Plx2	7,607	7,803	47	45	7	85	5,270	25
	Plx3	10,243	13,224	36	30	8	46	8,500	40
	Plx4	22,336	28,878	25	22	17	38	13,184	50
688 WEIGHT BEARING INJURIES	-	3,158	3,340	303	259	3	719	3,210	16
	Plx1	2,702	2,935	282	236	3	669	2,577	13
	Plx2	14,085	9,445	11	14	16	31	8,802	61
	Plx3	14,324	12,400	7	4	21	14	10,976	105
	Plx4	20,906	11,323	2	3	24	5	1,864	117
689 GENITO-URINARY INJURIES	-	4,042	4,224	71	47	4	100	3,547	13
	Plx1	3,583	3,608	64	42	3	92	3,068	10
	Plx2	5,079	4,914	4	4	5	6	3,149	19
	Plx3	15,566		1		12	1		28
	Plx4	8,313	30,763	1	3	8	1		30
690 CRUSHING INJURIES AND CONTUSIONS	-	3,063	2,804	82	78	3	279	3,108	16
	Plx1	2,491	2,302	70	67	3	247	2,108	13
	Plx2	11,714	4,728	10	6	12	24	18,439	47
	Plx3	3,109	13,344	2	4	5	6	218	35
	Plx4	17,273		2		21	2	10,474	36
691 MINOR LOWER EXTREMITY FRACTURES	-	5,252	2,947	21	30	5	45	3,702	16
	Plx1	5,322	2,787	20	29	6	43	3,784	16
	Plx3	3,853		1		4	1		18
692 WOUNDS	-	3,046	2,816	605	599	2	1,085	2,347	7
	Plx1	3,032	2,754	589	582	2	1,036	2,287	7
	Plx2	6,504	7,573	14	18	6	23	5,941	28
	Plx3	5,453	8,957	10	12	4	19	5,219	18
	Plx4	29,056	11,227	2	3	11	7	17,571	37

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LCS Costed Cases	Activity Volume	Standard Deviation	Trim Point
693 AMPUTATIONS OR VASCULAR AND OTHER NERVE INJURIES	-	4,574	4,118	114	90	2	173	4,633	7	
	Plx1	3,353	3,742	98	80	2	166	2,261	4	
	Plx2	13,201	3,836	3	1	5	4	8,595	16	
	Plx3	15,635		1		8	1		19	
	Plx4	37,508	21,214	2	1	15	2	3,773	43	
694 FACIAL INJURIES	-	3,371	2,989	197	256	3	304	2,253	7	
	Plx1	3,344	2,897	192	252	2	291	2,250	7	
	Plx2	4,782	10,556	4	6	6	6	3,546	18	
	Plx3	11,397	11,897	4	3	10	6	6,059	31	
	Plx4	18,679		1		28	1		35	
695 OTHER CRANIAL INJURIES	-	3,269	3,726	282	274	2	760	2,839	7	
	Plx1	2,421	2,800	214	189	2	670	2,081	4	
	Plx2	6,804	6,257	31	29	5	50	5,169	17	
	Plx3	7,886	6,947	18	35	6	28	5,728	17	
	Plx4	23,156	26,581	11	19	17	12	20,742	51	
696 UPPER EXTREMITY FRACTURES	-	2,525	2,495	253	266	2	741	2,042	7	
	Plx1	2,264	2,143	229	231	2	695	1,890	4	
	Plx2	9,137	10,392	10	26	13	28	6,516	47	
	Plx3	15,886	9,502	5	9	20	10	10,159	72	
	Plx4	13,168	22,466	5	5	13	8	8,216	126	
700 BONE MARROW TRANSPLANT	-	57,151	57,151	170	165	24	232	26,874	61	
	Plx1	35,037	29,657	16	11	14	19	22,975	53	
	Plx2	29,855	18,901	6	2	12	10	18,879	45	
	Plx3	21,007	35,253	3	3	7	16	5,756	44	
	Plx4	62,887	60,135	147	149	26	187	28,133	65	
701 SPLENECTOMY	-	10,715	11,563	45	48	5	59	10,321	18	
	Plx1	8,110	9,806	34	40	3	39	3,171	11	
	Plx2	14,421	16,253	7	3	8	10	4,700	21	
	Plx3	18,360	11,651	3	2	11	5	13,000	53	
	Plx4	55,178	37,147	4	1	23	5	45,057	69	

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		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
703 OTHER O.R. PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	-	9,509	8,903	70	83	6	109	7,715	25
	Plx1	8,239	7,096	61	67	5	88	6,103	16
	Plx2	17,710	15,223	5	6	14	7	12,066	51
	Plx3	38,198	25,847	3	4	22	3	29,948	65
	Plx4	47,556	32,981	5	8	29	11	43,727	99
704 RED BLOOD CELL DISORDERS	-	4,899	5,476	452	511	5	1,278	4,813	20
	Plx1	4,049	4,405	344	372	4	1,001	3,852	16
	Plx2	8,229	7,623	77	88	9	173	8,072	30
	Plx3	11,505	10,282	24	41	13	61	9,673	37
	Plx4	21,395	17,483	25	18	19	43	20,396	64
709 COAGULATION DISORDERS	-	4,320	3,945	222	201	4	353	3,991	14
	Plx1	4,122	3,593	183	179	4	292	3,671	13
	Plx2	5,099	8,920	22	12	6	29	3,553	18
	Plx3	6,358	10,892	16	12	7	22	5,306	48
	Plx4	22,494	15,672	8	5	14	10	33,259	57
710 RETICULOENDOTHELIAL AND IMMUNITY DISORDERS	-	6,169	6,577	400	321	5	749	5,551	15
	Plx1	5,418	5,743	319	252	4	600	4,401	14
	Plx2	8,344	10,104	47	48	7	75	7,404	22
	Plx3	9,260	11,557	23	25	9	43	6,676	23
	Plx4	20,773	30,778	22	15	12	31	19,618	50
725 MAJOR LEUKEMIA AND LYMPHOMA PROCEDURES	-	12,156	11,921	145	147	6	179	11,861	29
	Plx1	8,233	8,678	110	111	4	134	4,538	14
	Plx2	23,002	15,081	17	13	14	19	20,743	44
	Plx3	30,872	26,542	5	9	27	7	17,495	79
	Plx4	64,717	51,396	14	15	27	19	43,714	108
726 ACUTE LEUKEMIA WITHOUT MAJOR PROCEDURES	-	26,490	28,436	264	201	18	325	28,142	79
	Plx1	10,137	15,412	111	73	7	154	10,716	32
	Plx2	18,927	20,871	14	16	12	20	19,292	68
	Plx3	17,638	21,353	37	26	13	45	15,912	62
	Plx4	47,381	43,520	91	85	30	106	32,039	79

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			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
728	LYMPHOMA AND CHRONIC LEUKEMIA WITH OTHER PROCEDURES	-	17,059	13,128	187	168	12	253	22,730	53
		Plx1	8,029	9,490	130	123	6	173	6,937	25
		Plx2	34,271	15,127	16	15	30	22	25,101	69
		Plx3	22,264	18,564	14	9	15	15	12,081	50
		Plx4	50,919	43,029	27	20	31	43	39,313	79
730	LYMPHOMA AND CHRONIC LEUKEMIA	-	11,799	11,787	335	356	11	735	11,682	42
		Plx1	6,659	7,018	159	181	7	423	5,451	29
		Plx2	10,161	11,448	70	71	11	140	8,306	40
		Plx3	18,967	17,582	51	50	19	91	14,436	56
		Plx4	24,723	26,772	57	54	19	81	17,601	71
733	MAJOR ILL-DEFINED NEOPLASM PROCEDURES	-	16,062	21,678	64	48	9	77	12,918	42
		Plx1	10,788	10,080	42	22	5	52	6,269	21
		Plx2	20,507	13,289	8	4	16	10	10,768	52
		Plx3	21,113	23,960	5	9	16	5	22,432	74
		Plx4	65,484	40,397	9	12	28	10	72,399	109
734	ILL-DEFINED NEOPLASM WITH OTHER PROCEDURES	-	19,077	10,606	73	54	12	96	17,711	46
		Plx1	9,912	7,443	48	36	6	71	7,358	19
		Plx2	22,816	8,495	4	6	18	4	11,385	44
		Plx3	16,868	7,907	1	2	18	2	83	
		Plx4	40,783	26,900	15	10	26	19	19,615	65
735	RADIATION THERAPY	-	4,185	5,493	104	107	3	187	3,802	26
		Plx1	3,341	4,051	94	95	2	169	1,998	19
		Plx2	13,195	7,440	8	3	14	10	12,144	47
		Plx3	37,429	24,164	3	2	35	4	25,747	90
		Plx4	54,515	19,156	4	2	50	4	25,496	94
736	CHEMOTHERAPY	-	5,552	4,983	494	501	4	683	3,362	11
		Plx1	5,384	4,720	459	469	4	594	3,199	11
		Plx2	9,938	10,754	23	14	6	30	9,401	25
		Plx3	16,009	13,083	24	24	12	35	11,303	43
		Plx4	32,562	27,149	21	37	25	24	16,248	65

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737	OTHER POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES	-	8,479	10,140	62	67	9	137	6,984	38
		Plx1	6,821	6,568	42	33	7	93	5,458	30
		Plx2	9,940	11,164	11	17	13	28	7,844	53
		Plx3	9,358	15,976	5	6	9	8	7,729	40
		Plx4	36,755	16,089	4	11	23	8	32,768	70
750	MULTISYSTEMIC OR UNSPECIFIED SITE INFECTIONS WITH SURGERY	-	33,023	31,637	569	445	17	766	38,987	70
		Plx1	8,983	9,862	224	195	7	315	8,601	27
		Plx2	18,980	22,053	50	33	14	68	13,845	47
		Plx3	27,846	26,778	59	52	20	74	20,609	67
		Plx4	79,202	79,012	255	182	35	309	71,533	142
751	SEPTICEMIA	-	12,245	11,734	749	661	8	1,326	14,494	29
		Plx1	6,481	5,917	285	261	6	601	6,944	20
		Plx2	9,305	8,297	94	88	8	184	8,601	30
		Plx3	10,812	11,219	143	113	9	213	9,390	35
		Plx4	25,454	25,390	244	222	13	328	25,352	49
756	POST-OPERATIVE AND POST-TRAUMATIC INFECTIONS	-	4,889	4,230	364	389	6	697	3,964	18
		Plx1	4,400	4,192	310	348	5	597	3,432	15
		Plx2	7,985	7,343	27	30	10	48	6,554	34
		Plx3	9,344	10,300	17	19	8	34	10,483	21
		Plx4	17,275	12,176	12	6	14	18	17,142	60
757	VIRAL ILLNESS	-	3,295	3,842	169	175	3	555	2,538	10
		Plx1	3,082	3,370	149	150	3	509	2,299	10
		Plx2	5,097	5,080	17	15	5	30	3,370	17
		Plx3	9,362	10,667	7	12	8	11	8,166	28
		Plx4	18,017	14,860	4	4	17	5	5,376	54
761	FEVER OF UNKNOWN ORIGIN	-	5,985	4,214	247	242	4	493	29,433	11
		Plx1	3,488	3,661	185	186	3	401	2,962	10
		Plx2	15,094	6,594	45	44	4	71	68,386	15
		Plx3	7,538	8,311	12	16	7	18	4,195	24
		Plx4	11,693	13,795	2	5	11	3	392	34

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763 OTHER INFECTIOUS DIAGNOSES	-	8,226	8,997	156	118	7	260	7,214	21
	Plx1	6,097	5,812	97	73	6	178	4,807	17
	Plx2	10,068	9,261	19	16	9	28	9,175	23
	Plx3	11,441	10,377	23	13	11	29	9,512	37
	Plx4	22,511	38,646	22	25	16	25	18,129	62
764 DEPRESSIVE MOOD DISORDERS WITH ECT	-	22,231	21,374	230	264	39	319	15,137	109
	Plx9	22,231	21,374	230	264	39	319	15,137	109
765 DEPRESSIVE MOOD DISORDERS WITHOUT ECT WITH AXIS III DIAGNOSIS	-	17,586	15,970	200	187	27	487	14,339	85
	Plx9	17,586	15,970	200	187	27	487	14,339	85
766 DEPRESSIVE MOOD DISORDERS WITHOUT ECT WITHOUT AXIS III DIAGNOSIS	-	11,881	11,928	703	787	21	2,239	9,441	65
	Plx9	11,881	11,928	703	787	21	2,239	9,441	65
767 DEPRESSIVE MOOD DISORDERS LOS < 6 DAYS	-	2,895	2,633	216	325	3	949	2,714	10
	Plx9	2,895	2,633	216	325	3	949	2,714	10
768 BIPOLAR MOOD DISORDERS, MANIC WITH ECT	-	26,639	25,117	19	21	46	49	17,214	137
	Plx9	26,639	25,117	19	21	46	49	17,214	137
769 BIPOLAR MOOD DISORDERS, MANIC WITHOUT ECT WITH AXIS III DIAGNOSIS	-	16,808	15,610	74	69	27	154	12,444	89
	Plx9	16,808	15,610	74	69	27	154	12,444	89
770 BIPOLAR MOOD DISORDERS, MANIC WITHOUT ECT WITHOUT AXIS III DIAGNOSIS	-	12,482	12,848	522	560	21	1,247	9,336	74
	Plx9	12,482	12,848	522	560	21	1,247	9,336	74
771 BIPOLAR MOOD DISORDERS LOS < 6 DAYS	-	2,127	2,867	106	114	3	230	1,665	10
	Plx9	2,127	2,867	106	114	3	230	1,665	10
772 DEMENTIA WITH OR WITHOUT DELIRIUM WITH AXIS III DIAGNOSIS	-	27,895	28,624	397	352	41	859	20,272	136
	Plx9	27,895	28,624	397	352	41	859	20,272	136
773 DEMENTIA WITH OR WITHOUT DELIRIUM WITHOUT AXIS III DIAGNOSIS	-	21,540	21,228	249	275	34	823	19,031	167
	Plx9	21,540	21,228	249	275	34	823	19,031	167
774 ORGANIC MENTAL DISORDERS INDUCED BY DRUGS	-	4,914	5,572	438	370	7	756	4,881	35
	Plx9	4,914	5,572	438	370	7	756	4,881	35
775 SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS WITH ECT	-	27,062	35,505	44	44	42	74	23,706	144
	Plx9	27,062	35,505	44	44	42	74	23,706	144

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776	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS W/O ECT WITH AXIS III DIAGNOSIS	-	22,172	21,539	235	217	34	395	16,303	116
		Plx9	22,172	21,539	235	217	34	395	16,303	116
777	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS W/O ECT OR AXIS III DIAGNOSIS	-	15,488	14,702	1,348	1,314	26	2,689	13,285	101
		Plx9	15,488	14,702	1,348	1,314	26	2,689	13,285	101
778	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS LOS < 6 DAYS	-	2,230	2,420	266	267	3	580	1,434	10
		Plx9	2,230	2,420	266	267	3	580	1,434	10
779	DISSOCIATIVE DISORDERS	-	4,003	4,494	58	58	5	99	3,128	23
		Plx9	4,003	4,494	58	58	5	99	3,128	23
780	ALCOHOL INDUCED ORGANIC MENTAL DISORDERS WITH AXIS III DIAGNOSIS	-	7,078	7,518	192	161	8	341	7,148	36
		Plx9	7,078	7,518	192	161	8	341	7,148	36
781	ALCOHOL INDUCED ORGANIC MENTAL DISORDERS WITHOUT AXIS III DIAGNOSIS	-	3,732	3,551	278	212	4	579	3,134	17
		Plx9	3,732	3,551	278	212	4	579	3,134	17
783	PSYCHOACTIVE SUBSTANCE DEPENDENCE	-	4,839	5,452	466	489	6	1,233	4,807	35
		Plx9	4,839	5,452	466	489	6	1,233	4,807	35
784	PSYCHOACTIVE SUBSTANCE ABUSE	-	3,164	3,396	421	381	4	1,134	2,539	19
		Plx9	3,164	3,396	421	381	4	1,134	2,539	19
785	DEVELOPMENTAL DELAY	-	14,278	14,846	79	67	22	136	13,912	95
		Plx9	14,278	14,846	79	67	22	136	13,912	95
786	DISRUPTIVE BEHAVIOUR DISORDERS	-	21,610	15,590	230	227	20	373	29,088	80
		Plx9	21,610	15,590	230	227	20	373	29,088	80
787	EATING DISORDERS	-	18,767	19,314	149	120	27	212	12,675	87
		Plx9	18,767	19,314	149	120	27	212	12,675	87
788	ORGANIC MENTAL DISORDERS ASSOCIATED W PHYSICAL DISORDERS W AXIS III DIAGNOSIS	-	15,809	16,075	187	183	19	290	16,624	93
		Plx9	15,809	16,075	187	183	19	290	16,624	93
789	ORGANIC MENTAL DISORDERS ASSOCIATED W PHYSICAL DISORDERS W/O AXIS III DIAGNOSIS	-	12,370	11,575	136	151	17	265	15,125	94
		Plx9	12,370	11,575	136	151	17	265	15,125	94
790	SOMATOFORM DISORDERS	-	5,732	3,849	26	24	7	61	4,259	25
		Plx9	5,732	3,849	26	24	7	61	4,259	25

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
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791 ANXIETY DISORDERS (MNRH)	-	7,957	7,975	171	215	12	614	7,937	38	
	Plx9	7,957	7,975	171	215	12	614	7,937	38	
792 ADJUSTMENT DISORDERS (MNRH)	-	3,433	3,555	1,288	1,340	4	2,137	2,775	17	
	Plx9	3,433	3,555	1,288	1,340	4	2,137	2,775	17	
793 PERSONALITY DISORDERS WITH AXIS III DIAGNOSIS (MNRH)	-	8,736	5,751	47	30	11	67	11,231	46	
	Plx9	8,736	5,751	47	30	11	67	11,231	46	
794 PERSONALITY DISORDERS WITHOUT AXIS III DIAGNOSIS (MNRH)	-	3,214	3,321	379	429	4	542	2,136	17	
	Plx9	3,214	3,321	379	429	4	542	2,136	17	
795 SEXUAL DYSFUNCTION AND SEXUAL DISORDERS (MNRH)	-	12,581	4,323	10	8	17	53	21,796	901	
	Plx9	12,581	4,323	10	8	17	53	21,796	901	
796 SPECIFIC DEVELOPMENTAL DISORDERS (MNRH)	-	2,555	21,455	1	4	4	4		53	
	Plx9	2,555	21,455	1	4	4	4		53	
797 MISCELLANEOUS PSYCHIATRIC DIAGNOSES (MNRH)	-	4,044	6,675	28	43	4	94	5,350	68	
	Plx9	4,044	6,675	28	43	4	94	5,350	68	
803 EXTENSIVE PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	-	21,547	21,035	314	274	12	391	21,039	50	
	Plx1	13,868	11,928	195	160	8	242	9,880	25	
	Plx2	21,046	23,301	33	27	10	43	17,497	33	
	Plx3	21,653	22,796	33	32	14	43	13,101	54	
	Plx4	78,107	77,090	56	69	44	63	63,681	171	
804 NON-EXTENSIVE PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	-	6,936	6,690	741	786	4	1,028	7,138	19	
	Plx1	5,195	5,123	607	659	3	832	4,119	13	
	Plx2	14,065	13,302	75	58	9	97	13,408	42	
	Plx3	17,878	18,985	39	34	14	45	11,423	49	
	Plx4	57,009	48,046	48	50	29	54	66,372	101	
805 MNRH PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	-	4,382	5,484	134	138	3	239	3,096	13	
	Plx1	4,128	4,809	122	122	3	214	2,829	10	
	Plx2	9,439	12,924	10	9	9	15	8,011	38	
	Plx3	23,384	10,802	5	6	24	6	22,679	59	
	Plx4	37,711	60,024	3	1	37	4	22,567	102	

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811 ALLERGIC REACTION	-	2,854	2,841	41	51	2	143	3,154	4
	Plx1	2,878	1,812	40	46	2	134	3,191	4
	Plx3	5,051	9,444	2	2	4	3	4,473	9
	Plx4	14,376	12,019	2	2	10	3	10,159	22
813 DRUG REACTIONS	-	4,638	3,599	710	589	3	1,781	5,130	10
	Plx1	3,329	3,136	498	491	3	1,460	3,385	7
	Plx2	5,425	6,447	66	61	6	111	4,204	20
	Plx3	7,363	9,040	84	59	4	121	6,881	14
818 COMPLICATIONS OF TREATMENT	Plx4	19,606	20,086	73	47	10	89	14,845	36
	-	4,230	3,866	1,151	1,168	4	1,820	4,969	16
	Plx1	3,196	3,156	949	1,014	3	1,509	3,460	13
	Plx2	7,430	7,571	111	81	7	162	6,171	24
	Plx3	10,265	10,991	66	60	10	102	7,993	34
823 MINOR INJURIES AND TRAUMA DIAGNOSIS	Plx4	25,061	22,460	41	37	17	47	24,303	64
	-	4,436	3,400	173	141	3	460	6,565	10
	Plx1	2,852	3,110	142	127	2	412	4,241	7
	Plx2	6,258	7,486	9	8	6	24	4,150	31
	Plx3	7,777	8,407	7	9	5	11	5,072	20
830 EXTENSIVE BURNS WITH SKIN GRAFT WOUND DEBRIDEMENT OR OTHER BURN PROCEDURES	Plx4	19,620	35,728	11	8	8	13	11,963	41
	-	96,121	177,894	27	26	33	30	87,039	120
	Plx1	44,209	65,141	13	5	22	14	14,687	48
	Plx2	78,172	88,668	2	3	35	2	19,840	44
	Plx3	84,933	126,484	1	4	34	1	34	
831 EXTENSIVE BURNS WITHOUT BURN PROCEDURES	Plx4	229,184	263,064	12	16	60	13	204,860	253
	-	5,811	26,714	7	5	4	9	4,662	31
	Plx1	5,200	12,482	6	3	4	8	4,789	30
	Plx3	9,478	48,105	1	1	2	1		2
832 NON-EXTENSIVE BURNS WITH SKIN GRAFT	-	19,372	17,621	111	103	12	123	15,883	39
	Plx1	17,649	15,681	101	91	11	107	14,784	35
	Plx2	29,688	38,072	4	4	16	5	14,939	45
	Plx3	48,732	23,313	5	5	28	6	25,760	58
	Plx4	120,352	182,326	5	7	58	5	72,582	127

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834	NON-EXTENSIVE BURNS WITHOUT BURN PROCEDURES	-	7,792	6,236	67	79	6	154	7,841	19
		Plx1	6,139	6,144	59	76	5	138	5,275	16
		Plx2	8,260	8,232	3	2	10	7	3,274	27
		Plx3	23,233	13,618	2	2	10	3	5,560	74
		Plx4	49,299		4		17	6	25,544	51
840	OTHER ADMISSIONS WITH SURGERY	-	33,393	35,284	483	417	30	687	46,016	170
		Plx1	7,831	8,831	291	249	5	445	7,966	40
		Plx2	38,253	34,439	44	42	43	70	26,146	134
		Plx3	56,414	46,780	45	29	56	73	42,675	211
		Plx4	123,959	120,812	74	76	98	99	70,337	256
841	REHABILITATION	-	30,287	30,623	1,679	1,483	42	6,214	21,053	121
		Plx1	24,836	26,245	1,080	955	37	4,561	16,072	102
		Plx2	40,229	36,338	293	287	51	806	28,091	142
		Plx3	36,438	36,080	175	132	50	536	23,091	146
		Plx4	54,648	54,341	131	110	63	311	42,270	177
842	SIGNS AND SYMPTOMS	-	10,041	8,254	516	494	14	1,323	8,795	48
		Plx1	6,813	6,157	309	313	9	932	5,887	35
		Plx2	14,821	11,378	118	95	20	212	11,205	70
		Plx3	15,127	16,213	54	56	20	103	11,315	83
		Plx4	27,899	25,482	49	48	37	76	18,828	134
846	AFTERCARE FOLLOWING SURGERY OR TREATMENT	-	1,370	1,498	2,673	2,980	1	4,025	2,242	1
		Plx1	1,365	1,288	2,645	2,593	1	3,923	2,247	1
		Plx2	4,033	5,386	61	29	3	77	3,797	13
		Plx3	8,973	17,586	10	6	10	18	7,989	52
		Plx4	16,815	38,572	7	4	13	7	9,774	42
847	OTHER SPECIFIED AFTERCARE	-	11,103	11,632	768	623	13	2,714	12,958	67
		Plx1	10,026	11,153	652	559	12	2,310	11,676	66
		Plx2	13,595	13,994	59	36	16	223	11,405	65
		Plx3	13,837	16,302	36	16	15	120	14,398	76
		Plx4	38,617	21,992	22	13	36	61	35,613	124

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849	MULTIPLE OR UNSPECIFIED CONGENITAL ANOMALIES	-	2,356	8,010	4	12	2	9	1,182	16
		Ptx1	2,356	5,099	4	10	2	7	1,182	7
		Ptx3	34,571	9,536	1	1	25	1		25
850	PERINATAL CONDITIONS AGE > 28 DAYS	-	28,182	24,313	88	71	23	134	28,267	73
		Ptx1	26,814	18,032	43	34	24	66	21,646	65
		Ptx2	22,763	24,902	2	7	18	7	27,297	81
		Ptx3	19,919	26,798	31	19	16	48	16,538	58
		Ptx4	55,336	42,445	12	11	34	13	52,033	113
851	OTHER FACTORS CAUSING HOSPITALIZATION	-	4,386	3,531	328	259	5	4,063	6,398	44
		Ptx1	3,518	3,201	299	245	3	3,418	4,340	35
		Ptx2	8,046	6,363	18	9	10	365	13,411	72
		Ptx3	8,978	20,117	3	5	12	184	6,840	89
		Ptx4	32,686	173,834	5	1	27	96	12,643	134
852	PROCEDURES CANCELLED (MNRH)	-	468	483	735	690	1	1,334	757	1
		Ptx1	458	480	724	680	1	1,318	754	1
		Ptx2	936	492	9	9	1	13	428	1
		Ptx3	873	2,069	1	1	1	2		1
		Ptx4	2,916		1		1	1		2
860	RESPIRATORY TRACT DISORDERS WITH HIV	-	7,897	11,140	93	76	9	118	8,878	32
		Ptx9	7,897	11,140	93	76	9	118	8,878	32
861	CNS INFECTION WITH HIV	-	30,509	23,952	7	5	26	8	25,343	66
		Ptx9	30,509	23,952	7	5	26	8	25,343	66
862	GI AND HEPATOBILIARY DISORDERS WITH HIV	-	6,855	4,347	17	5	7	25	6,651	24
		Ptx9	6,855	4,347	17	5	7	25	6,651	24
863	OPHTHALMIC DISORDERS WITH HIV	-	17,002	30,881	4	4	11	4	21,623	62
		Ptx9	17,002	30,881	4	4	11	4	21,623	62
864	BLOOD INFECTIONS WITH HIV	-	16,951	19,856	11	9	10	14	19,752	42
		Ptx9	16,951	19,856	11	9	10	14	19,752	42

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865	LYMPHOMA WITH HIV	-	14,606	14,188	5	4	7	9	19,005	38
		Plx9	14,606	14,188	5	4	7	9	19,005	38
866	PSYCHOSOCIAL CONDITIONS WITH HIV	-	40,136	10,965	3	7	27	5	57,239	178
		Plx9	40,136	10,965	3	7	27	5	57,239	178
867	OTHER CONDITIONS ASSOCIATED WITH HIV	-	32,047	4,208	3	4	14	3	45,839	54
		Plx9	32,047	4,208	3	4	14	3	45,839	54
868	MISCELLANEOUS CONDITIONS WITH HIV	-	9,091	13,592	33	20	9	40	11,797	41
		Plx9	9,091	13,592	33	20	9	40	11,797	41
880	AMPUTATION OF LOWER LIMB EXCEPT TOE WITH MAJOR VASCULAR SURGERY	-	36,131	41,123	42	40	25	47	29,149	93
		Plx1	22,320	27,177	14	11	15	14	16,817	43
		Plx2	19,091	30,317	8	5	13	9	10,314	57
		Plx3	44,593	28,314	6	7	33	7	16,992	85
		Plx4	52,981	54,294	14	13	42	17	32,752	148
881	AMPUTATION OF LOWER LIMB EXCEPT TOE	-	24,954	24,042	221	219	22	305	23,718	87
		Plx1	11,441	12,967	91	102	11	125	8,085	42
		Plx2	33,091	32,302	49	45	32	65	21,998	106
		Plx3	24,637	22,300	32	24	25	46	21,975	100
		Plx4	56,979	52,367	55	52	43	69	51,783	179
882	WOUND DEBRIDEMENT OR OTHER AMPUTATION WITH MAJOR VASCULAR SURGERY	-	27,683	20,811	21	12	20	23	14,224	74
		Plx1	19,420	25,042	10	5	15	11	7,845	53
		Plx2	21,755	17,585	2	5	19	2	11,115	63
		Plx3	27,799	18,296	3	2	16	3	16,807	61
		Plx4	46,750		7		38	7	13,241	100
883	WOUND DEBRIDEMENT AND GRAFTING OTHER THAN HAND	-	26,632	21,816	33	27	20	46	28,684	85
		Plx1	12,977	10,477	14	19	9	20	12,521	48
		Plx2	19,114	74,277	11	4	20	12	12,184	72
		Plx3	26,954	32,821	3	3	24	4	10,827	71
		Plx4	90,902	72,135	9	3	76	10	27,650	222

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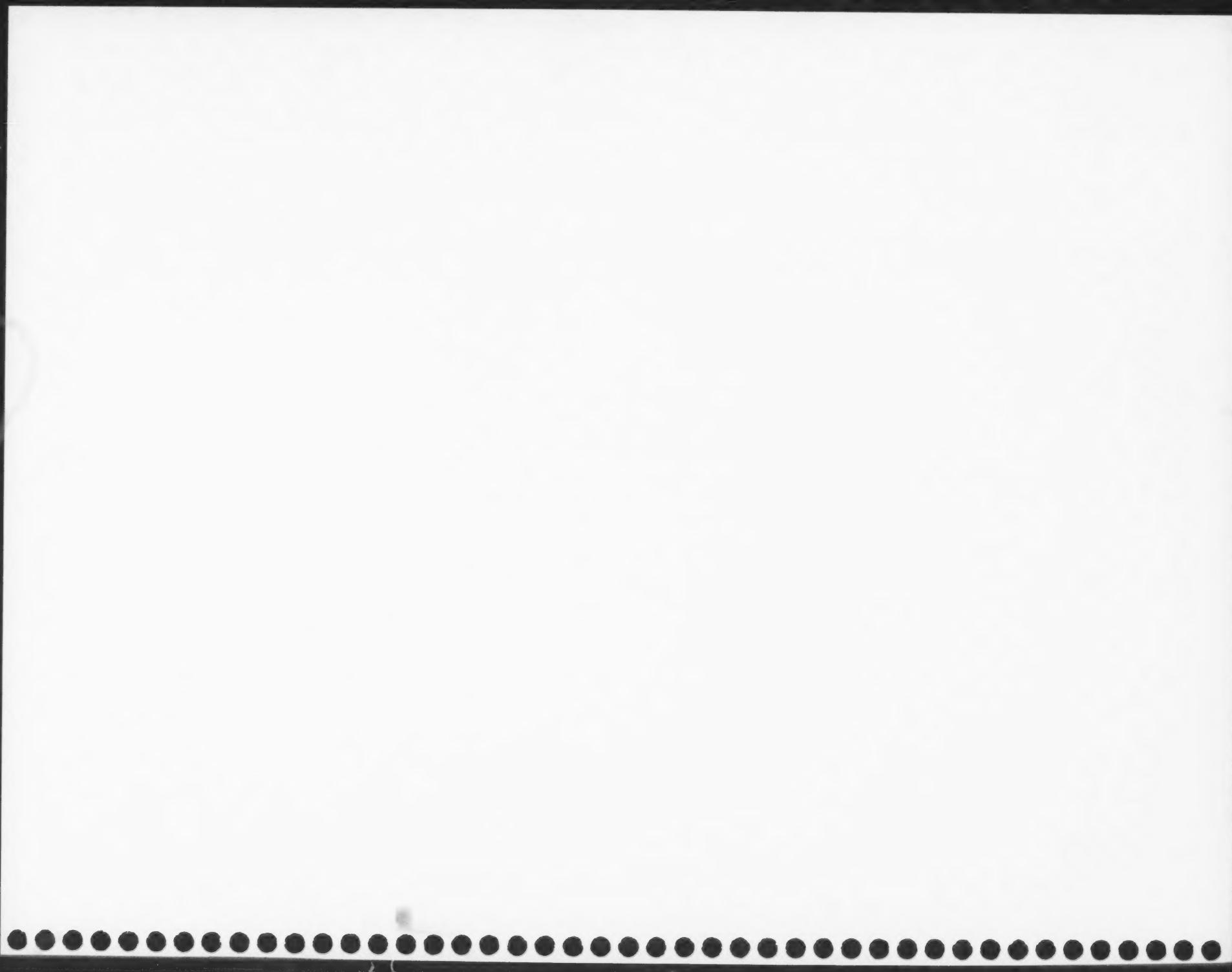
CMG	Description	Ptx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
884	OTHER AMPUTATIONS INCLUDING TOE	-	11,883	15,882	42	45	12	80	11,346	53
		Ptx1	5,798	10,417	21	22	5	44	4,767	28
		Ptx2	10,324	12,294	8	12	9	15	7,942	56
		Ptx3	21,765	27,019	8	4	23	11	14,576	92
		Ptx4	36,168	39,097	8	10	37	10	21,191	103
885	AORTIC REPLACEMENT	-	23,272	23,724	335	317	8	370	11,108	26
		Ptx1	20,714	20,510	219	212	6	230	7,944	21
		Ptx2	22,974	27,860	32	25	9	33	9,220	25
		Ptx3	25,696	28,585	43	43	11	47	11,886	31
		Ptx4	50,078	40,989	57	45	20	60	31,302	60
887	VASCULAR BYPASS SURGERY	-	15,411	17,092	303	336	8	358	11,017	26
		Ptx1	12,348	13,343	205	223	6	228	6,502	19
		Ptx2	16,739	19,450	46	49	10	49	9,578	31
		Ptx3	24,013	20,038	39	38	12	47	14,716	34
		Ptx4	55,182	47,702	26	41	26	34	29,424	89
890	OTHER THORACO-ABDOMINAL PROCEDURES	-	19,746	18,770	51	49	10	58	14,690	40
		Ptx1	15,708	11,300	29	30	7	34	9,422	20
		Ptx2	15,480	17,395	5	3	11	5	8,580	28
		Ptx3	16,700	22,958	9	8	10	11	10,137	42
		Ptx4	41,784	43,114	7	8	18	8	22,382	51
891	VASCULAR REPAIR	-	12,011	13,945	162	167	6	207	8,973	23
		Ptx1	10,018	11,098	122	124	4	143	7,066	16
		Ptx2	14,780	20,359	13	16	8	18	8,793	36
		Ptx3	15,721	12,261	14	18	7	21	10,653	20
		Ptx4	49,353	51,350	21	10	26	25	34,312	82
892	OTHER VASCULAR PROCEDURES	-	10,996	10,054	112	91	4	173	7,942	16
		Ptx1	9,323	8,963	84	78	4	131	6,997	13
		Ptx2	11,916	15,254	13	10	6	21	5,133	31
		Ptx3	17,483	18,962	10	5	8	13	7,651	35
		Ptx4	36,354	52,151	7	4	22	8	24,396	97

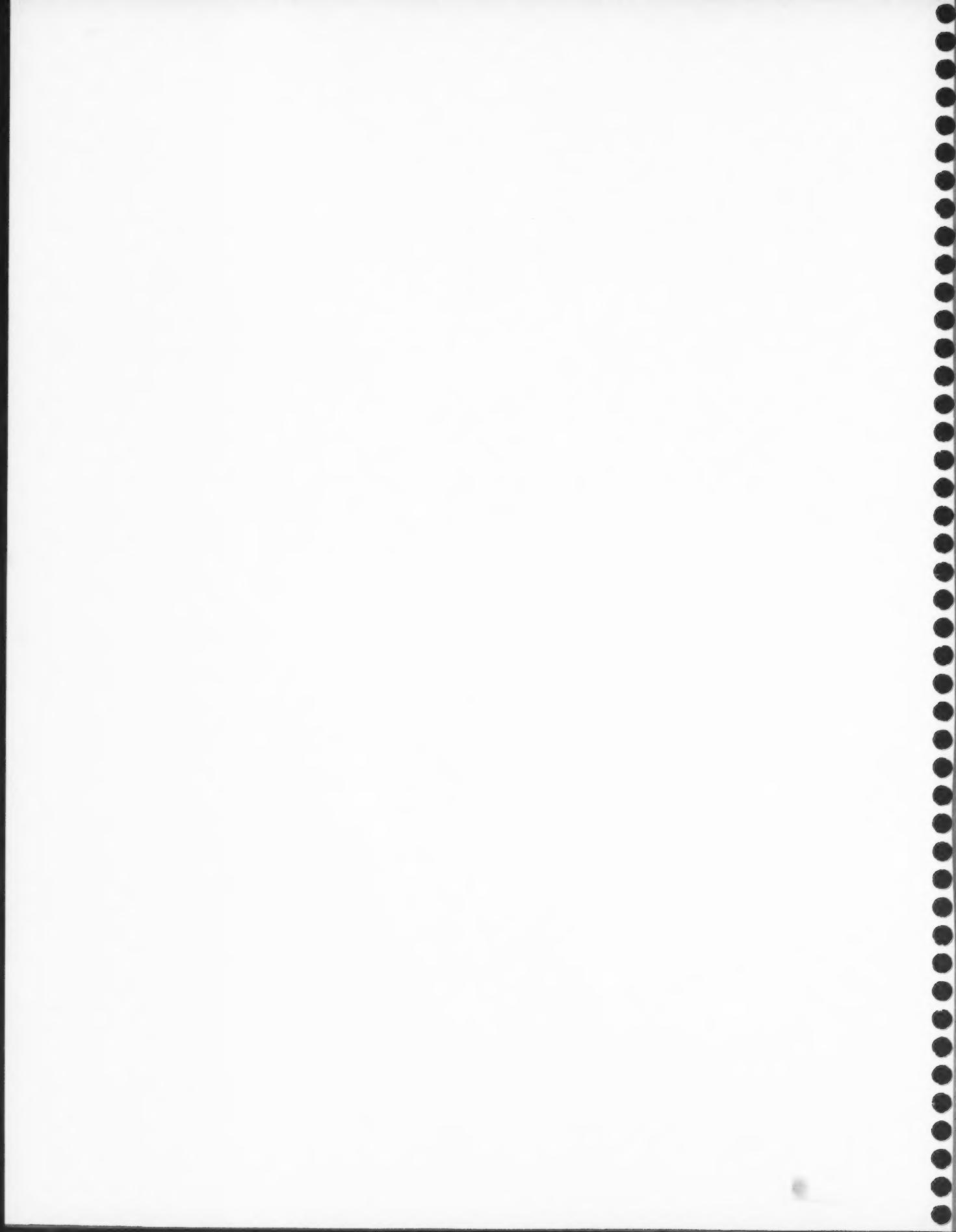
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893	VEIN LIGATION AND STRIPPING (MNRH)	-	2,517	2,448	24	15	1	159	1,098	1
		Plx1	2,517	2,448	24	15	1	158	1,098	1
895	DEEP VEIN THROMBOPHLEBITIS	-	5,746	5,963	228	233	7	531	4,276	24
		Plx1	4,669	5,015	148	166	6	382	3,623	18
		Plx2	6,345	7,601	46	36	8	96	3,555	28
		Plx3	9,645	9,283	24	23	11	41	7,880	38
		Plx4	18,288	18,112	10	10	23	12	12,767	82
898	PERIPHERAL VASCULAR DISEASE	-	6,047	6,858	154	174	5	343	5,883	23
		Plx1	5,150	5,390	109	127	4	238	4,101	19
		Plx2	7,056	7,370	28	20	5	60	8,950	32
		Plx3	11,300	11,226	14	20	13	31	9,377	57
		Plx4	39,372	20,372	9	9	36	14	28,213	98
900	EXTENSIVE UNRELATED O.R. PROCEDURES	-	33,013	29,657	252	278	20	327	33,739	82
		Plx1	15,628	14,828	96	115	8	129	13,111	31
		Plx2	26,940	24,200	31	41	24	44	18,002	89
		Plx3	26,558	28,672	39	31	19	46	18,092	83
		Plx4	60,053	53,705	91	90	36	108	43,337	121
901	NON-EXTENSIVE UNRELATED O.R. PROCEDURES	-	21,164	19,580	830	832	14	1,169	30,110	60
		Plx1	7,937	8,744	438	458	5	648	6,864	26
		Plx2	19,567	19,618	101	96	17	147	13,973	64
		Plx3	25,588	24,226	91	92	20	118	20,915	69
		Plx4	60,443	50,530	209	187	33	256	58,908	119
902	POST-OPERATIVE COMPLICATIONS WITH UNRELATED O.R. PROCEDURES	-	20,093	19,969	86	68	11	99	24,302	48
		Plx1	8,179	8,887	51	36	4	60	5,890	19
		Plx2	11,789	17,076	11	8	7	12	7,910	40
		Plx3	17,550	17,889	4	10	14	6	9,744	61
		Plx4	55,092	70,503	19	13	28	21	28,194	82
906	UNRELATED O.R. PROCEDURES (MNRH)	-	11,965	14,309	159	190	11	236	12,139	47
		Plx1	7,963	8,963	109	123	7	166	6,963	31
		Plx2	12,543	16,093	15	19	11	22	9,103	53
		Plx3	17,832	16,739	18	20	19	25	13,040	98
		Plx4	36,704	37,011	19	27	31	23	24,219	111

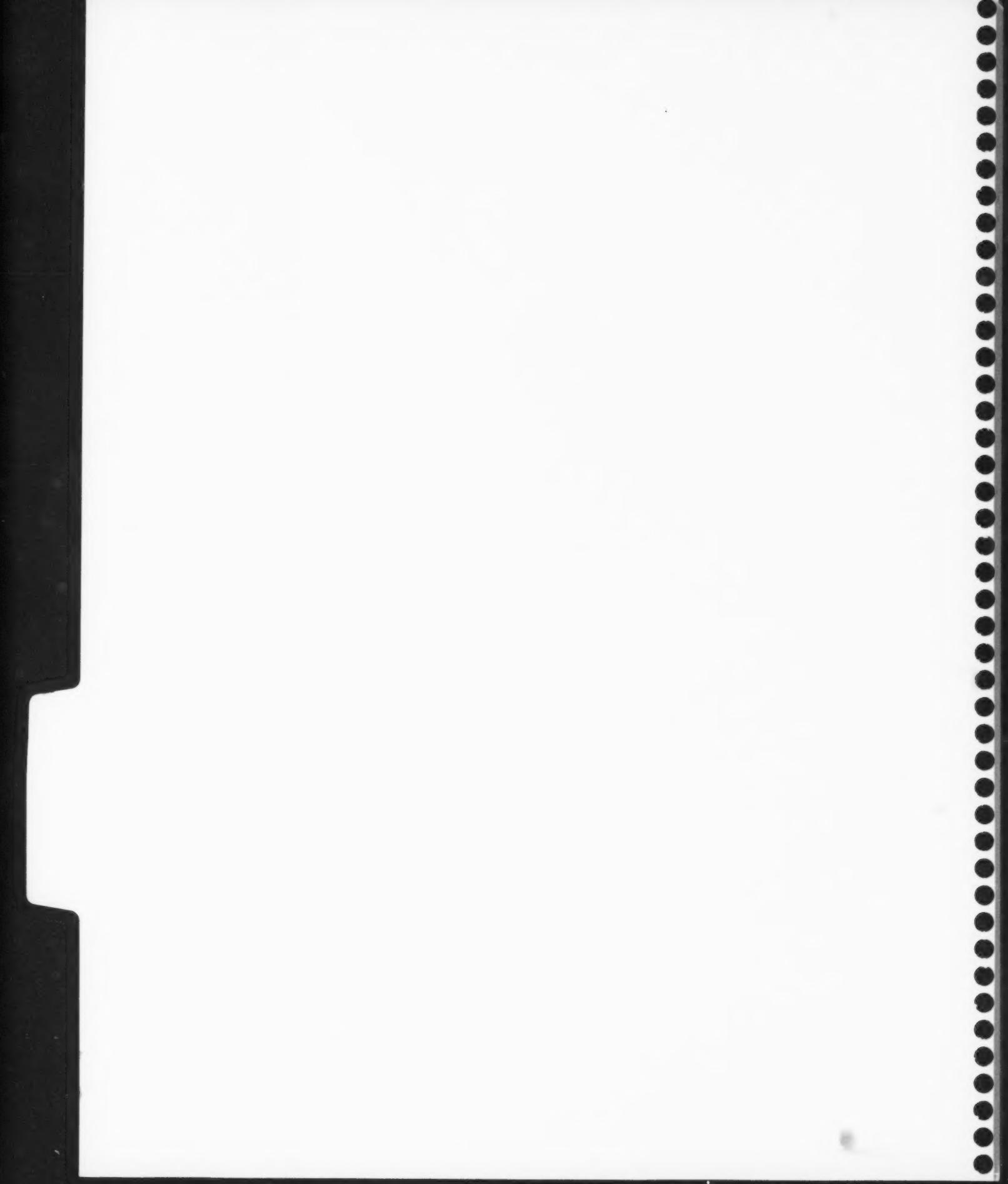
Alberta Case Cost Report For 2006/2007 Hospital Activity
 Schedule 1 - Inpatient Cost Results

CMG	Description	Plx Level	Average Cost *prior year inflated by 4.03		Costed Cases		Metrics 2006/2007			
			2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Avg LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
908	OTHER MAJOR PROCEDURES FOR GYNECOLOGICAL MALIGNANCY	-	5,714	5,009	5	9	3	7	1,618	9
		Plx1	5,451	4,859	4	8	3	6	1,741	7
		Plx3	6,765		1		5	1		5
909	OBSOLETE PSYCHIATRIC DIAGNOSES (MNRH)	-	7,334	6,498	129	156	12	365	7,133	45
		Plx9	7,334	6,498	129	156	12	365	7,133	45
910	DIAGNOSIS NOT GENERALLY HOSPITALIZED	-	3,262	3,820	79	88	2	240	2,597	7
		Plx9	3,262	3,820	79	88	2	240	2,597	7
912	OBSTETRIC CODES INVALID AS MOST RESPONSIBLE DIAGNOSIS	-	4,302	3,495	4	5	1	23	3,091	9
		Plx9	4,302	3,495	4	5	1	23	3,091	9
998	NEONATE WITH CATASTROPHIC DIAGNOSIS LOS < 6 DAYS	-	1,829	8,193	4	5	3	4	488	7
		Plx9	1,829	8,193	4	5	3	4	488	7
999	UNGROUPABLE DATA	-	2,727	3,716	34	26	2	93	2,203	7
		Plx9	2,727	3,716	34	26	2	93	2,203	7
Total Records					201,539	193,152		362,747		





Ambulatory Information



Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost <small>*prior year inflated by 4.03%</small>		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
1.1	NERVE & OTHER, LOCAL ANAESTHETIC	198	183	909	996	1,882	75
1.2	NERVE & OTHER, GENERAL ANAESTHETIC	2,000	1,763	910	769	1,230	922
1.3	NERVE & OTHER, OTHER ANAESTHETIC	929	1,061	283	227	1,235	674
1.4	NERVE & OTHER, NO ANAESTHETIC	111	98	755	636	843	34
2	SPINAL	753	708	1,683	1,640	4,193	893
3	NERVE INJECTION	76	101	1	686	223	0
4	ORBITAL & OTHER EYE	1,191	1,014	2,111	1,721	4,710	1,120
5	LENS INTERVENTIONS	657	586	9,987	8,009	28,096	333
6	IRIS & OTHER EYE	107	101	804	860	923	121
7	STRABISMUS	1,832	1,515	747	872	958	558
8	EXTERNAL EYE	314	424	4,969	5,466	16,582	537
9	BRONCH/PHARYNX	1,704	1,732	43	38	64	888
10	TYMPANOPLASTY	1,928	1,560	691	617	814	1,526
11	SINUS INTERVENTIONS	1,991	1,687	719	772	1,346	768
12	OTHER SINUS	1,471	1,273	76	75	402	928
13	TONSILS & ADENOIDS 12+ YEARS	1,224	1,071	984	1,030	1,977	584
13.1	TONSILS & ADENOIDS 0 < 6 YEARS	1,561	1,352	451	540	629	550
13.2	TONSILS & ADENOIDS 6 < 12 YEARS	1,563	1,360	743	822	1,017	594
14	NASAL INTERVENTIONS	802	634	2,629	2,954	8,065	796
15	OTHER RESPIRATORY	1,214	997	183	176	701	1,026
16	EXTERNAL EAR 18 + YEARS	300	306	418	361	2,830	409
16.1	EXTERNAL EAR 0 < 1.5 YEARS	1,038	884	162	203	329	374
16.2	EXTERNAL EAR 1.5 < 6 YEARS	952	805	801	955	1,505	385

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
16.3	EXTERNAL EAR 6 < 12 YEARS	935	753	368	431	813	423
16.4	EXTERNAL EAR 12 < 18 YEARS	893	719	66	90	248	768
17	RESPIRATORY ENDOSCOPY - ENT	544	508	2,724	3,055	4,448	486
18	PACEMAKER IMPLANT	8,597	8,095	232	421	918	3,313
19	CARDIAC CATHETER 18 + YEARS	1,410	1,684	3,188	3,488	9,449	845
19.1	CARDIAC CATHETER 0 < 6 YEARS	4,274	6,130	56	54	63	1,648
19.2	CARDIAC CATHETER 6 < 18 YEARS	3,794	5,096	68	58	138	1,784
20	ANGIOGRAPHY 18 + YEARS	2,185	2,206	1,944	2,180	3,694	2,105
20.1	ANGIOGRAPHY 0 < 6 YEARS	484	1,547	2	14	6	131
20.2	ANGIOGRAPHY 6 < 12 YEARS	1,651	2,518	5	8	5	798
20.3	ANGIOGRAPHY 12 < 18 YEARS	956	1,575	7	13	20	469
21	VASCULAR INTERVENTIONS 18 + YEARS	1,628	1,778	2,080	1,498	4,456	1,121
21.1	VASCULAR INTERVENTIONS 0 < 18 YEARS	1,697	1,198	104	130	134	1,033
22	OTHER VASCULAR INTERVENTIONS	1,565	1,430	461	419	900	1,049
23.1	LYMPHATIC INTERVENTIONS, LOCAL ANAESTHETIC	577	357	99	61	198	520
23.2	LYMPHATIC INTERVENTIONS, GENERAL ANAESTHETIC	2,514	2,318	554	505	744	1,290
23.3	LYMPHATIC INTERVENTIONS, OTHER ANAESTHETIC	878	897	237	158	279	445
23.4	LYMPHATIC INTERVENTIONS, NO ANAESTHETIC	226	217	122	90	232	145
24	MINOR VASCULAR	236	224	3,633	3,784	8,712	279
25	CHOLECYSTECTOMY	2,160	1,980	1,655	1,587	3,060	749
26	HERNIA	1,777	1,699	3,367	3,272	6,544	642
27	ERCP	1,562	1,464	1,006	981	2,329	617
28.1	ENDOSCOPY GI - LOW	741	642	1,213	1,312	1,922	513

Alberta Case Cost For 2006/2007 Hospital Activity
 Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
28.2	ENDOSCOPY GI - MEDIUM	575	544	33,118	30,162	63,754	309
28.3	ENDOSCOPY GI - HIGH	667	613	4,707	4,011	8,915	289
29.1	ANO-RECTAL INTERVENTIONS, LOCAL ANAESTHETIC	204	194	77	79	294	138
29.2	ANO-RECTAL INTERVENTIONS, GENERAL ANAESTHETIC	1,286	1,202	548	456	1,196	523
29.3	ANO-RECTAL INTERVENTIONS, OTHER ANAESTHETIC	682	632	1,702	1,148	3,124	339
29.4	ANO-RECTAL INTERVENTIONS, NO ANAESTHETIC	148	144	439	257	830	111
30.1	MINOR ANAL INTERVENTIONS, LOCAL ANAESTHETIC	164	142	132	130	407	188
30.2	MINOR ANAL INTERVENTIONS, GENERAL ANAESTHETIC	1,579	1,665	252	269	344	954
30.3	MINOR ANAL INTERVENTIONS, OTHER ANAESTHETIC	748	679	2,981	3,190	4,369	395
30.4	MINOR ANAL INTERVENTIONS, NO ANAESTHETIC	342	313	1,262	1,231	3,861	263
31	MECHANICAL IMPLANTS	2,344	2,128	213	176	219	4,596
32	LITHOTRIPSY	817	823	2,436	2,650	2,465	334
33	UPPER URINARY INTERVENTIONS	1,772	1,700	1,246	1,124	2,260	1,036
34.1	LOWER URI & GENITAL	1,831	1,558	1,323	1,362	2,136	836
34.2	RECONSTRUCTION, VAS DEFERENS	2,623	2,412	38	29	82	1,364
35.1	BLADDER & URETHRAL INTERVENTIONS, LOCAL ANAESTHETIC	257	270	15,480	16,401	18,402	131
35.2	BLADDER & URETHRAL INTERVENTIONS, GENERAL ANAESTHETIC	1,309	1,184	1,001	952	1,453	545
35.3	BLADDER & URETHRAL INTERVENTIONS, OTHER ANAESTHETIC	644	656	716	796	957	536
35.4	BLADDER & URETHRAL INTERVENTIONS, NO ANAESTHETIC	261	286	818	119	4,116	151

Alberta Case Cost For 2006/2007 Hospital Activity
Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
36.1	VASECTOMY	354	379	1,364	1,343	2,791	256
36.2	OTHER MALE GENITAL INTERVENTIONS	1,510	1,356	466	478	655	497
37	CIRCUMCISION 18 + YEARS	1,123	1,147	282	305	401	540
37.1	CIRCUMCISION 0 < 1.5 YEARS	206	203	1,093	946	2,416	266
37.2	CIRCUMCISION 1.5 < 6 YEARS	1,501	1,336	176	150	281	517
37.3	CIRCUMCISION 6 < 12 YEARS	1,370	1,322	139	137	204	460
37.4	CIRCUMCISION 12 < 18 YEARS	1,310	1,272	82	53	103	505
38	URO DIAGNOSTIC INTERVENTIONS	300	319	4,469	3,916	8,453	191
39	UTERUS & ADNEXAL INTERVENTION	1,686	1,533	2,708	2,628	5,423	661
40	ENDO & GYN INTERVENTIONS	1,076	988	2,585	2,708	6,760	444
41	MINOR GYN INTERVENTIONS	279	272	6,369	5,668	19,912	293
42	EVACUATIONS	800	778	1,163	1,077	15,466	292
43	MAXILLO-FACIAL	1,491	1,303	132	149	591	1,170
44	OTHER BONE INTERVENTIONS	1,464	1,201	183	162	478	985
45.1	UPPER EXTREMITY INTERVENTIONS	918	823	507	474	1,075	869
45.2	SHOULDER INTERVENTIONS	2,356	2,192	429	389	1,342	839
46	OPEN REDUCTIONS	1,768	1,686	518	569	1,067	1,327
47	TENDON & MUSCLE INTERVENTIONS	903	836	1,676	1,627	3,953	846
48	CLOSED REDUCTIONS	396	388	3,715	4,074	11,477	435
49	LOWER EXTREMITY	1,759	1,772	98	89	219	763
50	KNEE INTERVENTIONS	1,447	1,406	3,418	3,485	7,899	662
51	HAND, ANKLE & FOOT	1,726	1,619	810	911	2,641	958
52.1	REMOVE INT FIXATION, LOWER EXTREMITY	1,091	1,043	795	880	2,537	804

Alberta Case Cost For 2006/2007 Hospital Activity
 Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
52.2	OTHER REMOVAL, INT FIXATION	576	518	783	793	1,832	740
53	SOFT TISSUE INTERVENTIONS	588	524	1,394	1,360	3,637	698
54	MANIPULATIONS	1,271	874	100	108	282	950
55	MASTECTOMY	890	787	838	823	3,710	1,001
56.1	AUGMENT/REDUC BREAST BILATERAL	2,729	2,495	620	578	1,206	1,022
56.2	AUGMENT/REDUC BREAST UNILATERAL	2,551	2,135	225	279	417	1,094
57	BREAST PLASTIC INTERVENTIONS	1,091	997	511	521	1,022	1,164
58.1	EAR & CLEFT LIP RECONSTRUCTION	2,447	2,244	29	33	40	1,091
58.2	FACE RHYTIODECTOMY	2,443	2,590	63	57	123	1,462
58.3	OTHER PLASTIC RECONSTRUCTION	1,301	1,217	1,199	1,186	3,399	1,001
59.1	SKIN INTERVENTIONS, LOCAL ANAESTHETIC	139	143	16,164	13,927	56,449	145
59.2	SKIN INTERVENTIONS, GENERAL ANAESTHETIC	1,624	1,492	1,025	1,004	3,022	835
59.3	SKIN INTERVENTIONS, OTHER ANAESTHETIC	261	228	2,420	2,392	5,677	527
59.4	SKIN INTERVENTIONS, NO ANAESTHETIC	151	143	6,312	5,676	47,016	117
60	DENTAL SURGERY	1,613	1,480	1,791	1,746	6,957	961
61.1	BIOPSY, OTHER	805	857	707	716	1,417	626
61.2	BIOPSY, PERCUTANEOUS	755	751	4,786	3,731	9,325	547
62	HEMODIALYSIS	352	343	102,639	99,102	198,118	87
63	TRANSFUSIONS	598	535	4,648	3,575	10,452	424
64	CARDIOVERSION	552	547	749	786	1,669	351
65	CHEMOTHERAPY - ONCOLOGY	448	401	57	117	1,071	523
66	MYELOGRAM	983	873	33	28	107	433
68	THYROID INTERVENTIONS	2,182	1,890	42	29	60	814

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
69	PAROTID DUCT INTERVENTIONS	1,791	1,739	14	16	49	1,784
70	APPENDECTOMY	2,813	1,971	19	19	81	1,281
71	GASTRO-INTESTINAL RELATED INTERVENTIONS	469	445	1,176	1,069	2,167	308
72	PERITONEAL DIALYSIS	685	583	651	902	1,162	418
72.1	HOME PERITONEAL DIALYSIS TEACHING	204	215	3,274	2,909	3,364	217
74	HOSPITAL VISIT INCLUDING NUCLEAR IMAGING	1,188	1,115	2,827	3,272	8,982	512
75	HOSPITAL VISIT INCLUDING CAT SCAN	784	695	25,426	24,876	69,577	579
76	HOSPITAL VISIT INCLUDING MRI	1,103	1,036	861	902	3,136	874
77	HOSPITAL VISIT INCLUDING RADIOTHERAPY	257	267	122	123	137	38
78	DISCRETE CHEST XRAY	72	72	13,764	9,671	80,228	31
79	DISCRETE OTHER XRAY	168	180	29,574	20,975	184,641	132
81	DISCRETE ULTRASOUND	331	311	15,432	14,162	82,790	259
82.1	EXTENSIVE SLEEP STUDIES	1,096	1,141	1,605	1,664	3,238	410
83	INNER EAR	2,543	2,546	107	112	131	1,141
84	HYPERBARIC CHAMBER	553	278	1,465	1,372	2,455	258
86	DISCRETE NUCLEAR IMAGING	644	683	5,483	5,632	20,186	314
87	DISCRETE CAT SCAN	313	298	37,070	35,689	109,927	174
88	DISCRETE MRI	498	497	47,544	49,620	80,516	231
89	DISCRETE RADIOTHERAPY	195	180	184	222	489	100
201	DIAG INV GENERAL CARDIAC 0 < 12 YEARS	368	295	113	114	890	337
203	DIAG INV GENERAL CARDIAC 12 < 18 YEARS	275	314	138	165	656	207
205	DIAG INV GENERAL CARDIAC 18+ YEARS	403	417	7,623	7,094	18,058	249
206	MANAGEMENT GENERAL CARDIAC 0 < 1.5 YEARS	144	124	352	301	1,498	116

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
207	MANAGEMENT GENERAL CARDIAC 1.5 < 12 YEARS	158	134	914	947	3,418	133
208	MANAGEMENT GENERAL CARDIAC 12 < 18 YEARS	169	128	584	613	2,628	324
210	MANAGEMENT GENERAL CARDIAC 18+ YEARS	164	139	37,371	35,273	99,257	337
213	DYSRHYTHMIA & CONDUCTIVE DISORDERS	241	224	6,586	6,584	26,410	301
214	CONGESTIVE HEART FAILURE	259	234	3,813	3,751	8,768	182
215	INFLAMMATORY CARDIAC	213	298	182	190	357	190
216	CONGENITAL HEART DISEASE	289	258	773	891	4,222	309
217	DIAG INV ANGINA	507	548	812	806	1,790	239
218	MANAGEMENT ANGINA	111	107	5,900	6,786	13,051	136
219	DIAG INV VASCULAR	365	352	622	678	2,708	208
220	MANAGEMENT VASCULAR	134	117	2,792	2,401	13,293	244
251	DIAG INV GENERAL ENDOCRINAL 0 < 18 YEARS	220	202	110	140	241	221
254	DIAG INV GENERAL ENDOCRINAL 18 + YEARS	969	330	80	73	187	1,235
255	MANAGEMENT GENERAL ENDOCRINAL 0 < 1.5 YEARS	149	160	392	331	1,069	157
256	MANAGEMENT GENERAL ENDOCRINAL 1.5 < 6 YEARS	152	129	511	403	1,325	181
257	MANAGEMENT GENERAL ENDOCRINAL 6 < 18 YEARS	220	167	879	874	2,161	406
258	MANAGEMENT GENERAL ENDOCRINAL 18 + YEARS	112	90	3,876	3,635	11,721	194
259	MANAGEMENT DIABETES < 18 YEARS	217	187	3,651	2,347	4,500	147
260	MANAGEMENT DIABETES 18 + YEARS	147	152	9,473	10,158	34,284	140
262	THYROTOXICOSIS	92	77	1,156	964	1,494	88
264	MANAGEMENT KETOACIDOSIS	445	519	84	37	240	288
266	FLUID & ELECTROLYTE < 6 YEARS	245	372	204	321	570	173
267	FLUID & ELECTROLYTE 6 + YEARS	328	319	1,676	1,502	5,023	259

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost <small>*prior year inflated by 4.03%</small>		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
301	DIAG INV GENERAL ENT	234	242	2,912	3,459	9,643	114
303	MANAGEMENT GENERAL ENT	107	132	22,876	22,705	157,894	238
305	OTITIS MEDIA	70	100	5,751	6,810	39,658	55
306	EPISTAXIS	112	109	1,244	1,093	4,439	95
351	DIAG INV GENERAL FEMALE GENITAL DISORDERS < 45 YEARS	477	495	485	469	1,319	275
352	DIAG INV GENERAL FEMALE GENITAL DISORDERS 45 + YEARS	394	408	106	107	254	294
353	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS < 18 YEARS	128	149	502	449	2,238	129
354	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS 18 < 45 YEARS	110	122	9,667	6,531	21,324	117
355	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS 45 + YEARS	122	132	1,978	1,890	7,416	133
356	MANAGEMENT CONTRACEPTIVE	134	97	1,317	1,840	8,590	143
357	DIAG INV GENERAL MALE GENITAL DISORDERS < 18 YEARS	373	391	88	121	231	102
358	DIAG INV GENERAL MALE GENITAL DISORDERS 18 + YEARS	386	386	206	261	545	157
359	MANAGEMENT GENERAL MALE GENITAL DISORDERS < 18 YEARS	78	110	576	718	3,596	69
360	MANAGEMENT GENERAL MALE GENITAL DISORDERS 18 + YEARS	83	85	3,393	2,591	7,855	97

Alberta Case Cost For 2006/2007 Hospital Activity
 Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
361	DIAG INV OTHER GENITOUROLOGICAL DISORDERS < 18 YEARS	346	403	208	341	793	244
362	DIAG INV OTHER GENITOUROLOGICAL DISORDERS 18 + YEARS	384	369	2,670	2,297	6,460	253
363	MANAGEMENT OTHER GENITOUROLOGICAL DISORDERS < 18 YEARS	131	167	3,289	3,573	14,495	146
364	MANAGEMENT OTHER GENITOUROLOGICAL DISORDERS 18 + YEARS	137	118	25,918	25,578	83,861	148
400	DIAG INV GENERAL GASTROINTESTINAL 0 < 1.5 YEARS	320	354	245	401	732	194
401	DIAG INV GENERAL GASTROINTESTINAL 1.5 < 6 YEARS	304	330	380	577	1,044	201
402	DIAG INV GENERAL GASTROINTESTINAL 6 < 18 YEARS	351	363	1,203	1,490	3,347	221
403	DIAG INV GENERAL GASTROINTESTINAL 18 < 45 YEARS	421	421	4,671	3,880	11,734	210
404	DIAG INV GENERAL GASTROINTESTINAL 45 < 65 YEARS	418	428	2,454	2,212	6,386	197
405	DIAG INV GENERAL GASTROINTESTINAL 65 + YEARS	427	443	1,899	1,657	5,062	209
406	MANAGEMENT GENERAL GASTROINTESTINAL 0 < 1.5 YEARS	117	138	4,150	5,262	14,860	124

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
407	MANAGEMENT GENERAL GASTROINTESTINAL 1.5 < 6 YEARS	147	151	3,884	5,028	13,722	196
408	MANAGEMENT GENERAL GASTROINTESTINAL 6 < 18 YEARS	227	160	6,855	6,324	20,810	337
409	MANAGEMENT GENERAL GASTROINTESTINAL 18 < 45 YEARS	135	128	21,735	17,343	82,416	140
410	MANAGEMENT GENERAL GASTROINTESTINAL 45 < 65 YEARS	137	124	11,294	8,500	37,157	151
411	MANAGEMENT GENERAL GASTROINTESTINAL 65 + YEARS	166	142	5,065	3,885	19,144	180
412	CONSTIPATION WITH DISIMPACTION	468	448	30	24	70	512
413	GI BLEED/PERFORATION/OBSTRUCTION	228	202	1,790	1,492	15,818	250
451	DIAG INV HEMATOLOGICAL	364	375	366	434	1,033	254
452	MANAGEMENT HEMATOLOGICAL 0 < 6 YEARS	211	210	1,151	940	2,515	190
453	MANAGEMENT HEMATOLOGICAL 6 < 12 YEARS	241	228	765	920	1,661	345
454	MANAGEMENT HEMATOLOGICAL 12 < 18 YEARS	231	227	664	710	1,602	302
455	MANAGEMENT HEMATOLOGICAL 18 < 65 YEARS	148	160	3,474	4,230	11,149	225
456	MANAGEMENT HEMATOLOGICAL 65 + YEARS	122	122	1,850	1,971	6,506	211
501	DIAG INV HEPATOBILIARY	514	513	1,095	977	2,229	254
502	MANAGEMENT HEPATOBILIARY	107	87	6,776	5,880	17,028	139
551	DIAG INV INFLAM MUSCULOSKELETAL 0 < 6 YEARS	440	560	11	21	62	624
553	DIAG INV INFLAM MUSCULOSKELETAL 6 < 12 YEARS	249	589	16	35	136	142
554	DIAG INV INFLAM MUSCULOSKELETAL 12 < 18 YEARS	248	290	40	60	251	117

Alberta Case Cost For 2006/2007 Hospital Activity

Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
555	DIAG INV INFLAM MUSCULOSKELETAL 18 + YEARS	227	239	1,943	1,806	7,059	131
556	DIAG INV OTHER MUSCULOSKELETAL < 18 YEARS	138	151	6,771	7,149	17,783	81
557	DIAG INV OTHER MUSCULOSKELETAL 18 + YEARS	161	158	35,347	33,137	84,673	92
558	MANAGEMENT INFLAM MUSCULOSKELETAL 0 < 6 YEARS	174	188	188	161	510	313
560	MANAGEMENT INFLAM MUSCULOSKELETAL 6 < 12 YEARS	190	192	351	263	1,000	343
561	MANAGEMENT INFLAM MUSCULOSKELETAL 12 < 18 YEARS	177	138	401	303	1,778	377
562	MANAGEMENT INFLAM MUSCULOSKELETAL 18 + YEARS	70	79	10,416	12,640	42,566	105
563	MANAGEMENT OTHER MUSCULOSKELETAL < 18 YEARS	95	81	5,281	5,260	21,444	208
564	MANAGEMENT OTHER MUSCULOSKELETAL 18 + YEARS	76	68	43,334	39,660	128,732	142
565	DIAG INV CONGENITAL MUSCULOSKELETAL DEFORMITIES	237	289	46	45	642	279
566	MANAGEMENT CONGENITAL MUSCULOSKELETAL DEFORMITIES	189	299	333	414	3,004	219
567	DIAG INV OTHER INFLAM MUSCULOSKELETAL	203	210	751	712	2,952	132
568	MANAGEMENT OTHER INFLAM MUSCULOSKELETAL	96	94	2,388	2,198	12,207	141
569	INFECTIOUS MUSCULOSKELETAL	202	192	1,040	1,170	1,856	332
601	DIAG INV GENERAL NEUROLOGY	279	331	564	520	2,289	232
602	MANAGEMENT GENERAL NEUROLOGY 0 < 6 YEARS	155	129	1,935	1,222	4,347	168
603	MANAGEMENT GENERAL NEUROLOGY 6 < 12 YEARS	152	152	1,766	1,141	3,724	157
604	MANAGEMENT GENERAL NEUROLOGY 12 < 18 YEARS	153	139	1,220	920	2,881	168
605	MANAGEMENT GENERAL NEUROLOGY 18 < 65 YEARS	87	113	5,547	4,815	34,592	121
606	MANAGEMENT GENERAL NEUROLOGY 65 + YEARS	144	175	2,589	2,056	11,400	205
607	MIGRAINE HEADACHE	114	122	4,393	3,863	22,410	95
608	DIAG INV HEADACHE	293	317	157	137	492	111

Alberta Case Cost For 2006/2007 Hospital Activity
 Schedule 2 - Ambulatory Care Cost Results

ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
609	MANAGEMENT HEADACHE	98	97	4,525	4,222	16,962	94
610	DIAG INV MENINGITIS	433	574	5	2	14	370
611	MANAGEMENT MENINGITIS	135	156	124	84	241	125
612	DIAG INV CEREBROVASCULAR	427	485	605	582	1,582	210
613	MANAGEMENT CEREBROVASCULAR	182	193	7,427	7,477	17,225	201
614	DIAG INV CONVULSIONS	388	364	173	183	519	258
615	MANAGEMENT CONVULSIONS	168	169	7,795	5,864	18,151	149
616	DIAG INV VERTIGO	382	419	306	267	924	153
617	MANAGEMENT VERTIGO	166	158	3,233	3,005	12,301	170
651	ANTEPARTUM ROUTINE	132	143	1,162	764	37,672	114
652	POSTPARTUM ROUTINE	124	143	596	462	1,794	77
653	DIAG INV NEONATAL & CONGENITAL	249	331	81	82	211	138
654	MANAGEMENT NEONATAL & CONGENITAL	114	144	1,525	1,080	5,010	89
656	DELIVERY WITH POSTPARTUM COMPLICATIONS	204	147	19	14	94	118
657	DELIVERY WITHOUT POSTPARTUM COMPLICATIONS	48	385	1	9	67	0
658	POSTPARTUM CONDITIONS OUTCOMES UNCOMPLICATED	150	134	2,431	2,363	5,081	200
659	DIAG INV PREGNANCY WITH ABORTIVE	524	487	439	339	1,407	211
660	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES UNCOMPLICATED	228	182	910	625	3,099	172
662	DIAG INV ANTEPARTUM	357	391	5,670	4,893	8,332	149
663	MANAGEMENT ANTEPARTUM	127	169	22,156	18,148	63,035	107
664	DIAG INV PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	584	513	53	59	250	247

Alberta Case Cost For 2006/2007 Hospital Activity

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ACCS Code	Description	Average Cost *prior year inflated by 4.03%		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
665	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	247	212	152	133	512	201
701	DIAG INV ONCOLOGICAL	384	367	370	410	851	259
702	MANAGEMENT ONCOLOGICAL	186	173	3,454	3,609	9,097	167
703	RADIOTHERAPY (INCLUDES DIAGNOSIS CODE V58.0)	479	432	1	4	5	0
704	IV THERAPY - NON CANCER RELATED	130	138	68,774	50,710	186,038	384
751	DIAG INV OPHTHALMOLOGY 0 < 12 YEARS	223	213	94	100	130	124
752	DIAG INV OPHTHALMOLOGY 12 < 18 YEARS	198	203	92	130	115	141
753	DIAG INV OPHTHALMOLOGY 18 < 45 YEARS	220	210	1,090	1,047	1,274	115
754	DIAG INV OPHTHALMOLOGY 45 + YEARS	226	206	7,854	7,805	8,406	101
755	MANAGEMENT OPHTHALMOLOGY 0 < 12 YEARS	123	91	12,022	4,944	18,477	79
756	MANAGEMENT OPHTHALMOLOGY 12 < 18 YEARS	102	91	2,147	1,648	4,181	91
757	MANAGEMENT OPHTHALMOLOGY 18 < 45 YEARS	93	84	9,360	9,053	20,498	90
758	MANAGEMENT OPHTHALMOLOGY 45 + YEARS	114	107	29,316	30,138	40,763	101
801	DIAG INV PSYCHIATRY	344	342	480	428	1,357	223
802	MANAGEMENT PSYCHIATRY	160	161	14,091	13,090	53,822	157
803	DRUG & ALCOHOL RELATED CONDITIONS	287	269	4,981	4,419	15,572	234
851	DIAG INV GENERAL RESPIRATORY < 18 YEARS	239	292	3,207	4,256	9,294	122
852	DIAG INV GENERAL RESPIRATORY 18 + YEARS	309	321	9,962	9,311	33,689	198
853	MANAGEMENT GENERAL RESPIRATORY 0 < 1.5 YEARS	131	165	2,103	2,821	8,511	109
854	MANAGEMENT GENERAL RESPIRATORY 1.5 < 6 YEARS	156	177	4,082	5,589	14,159	158
855	MANAGEMENT GENERAL RESPIRATORY 6 < 18 YEARS	184	172	4,874	4,861	17,375	188

Alberta Case Cost For 2006/2007 Hospital Activity

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ACCS Code	Description	Average Cost <small>*prior year inflated by 4.03%</small>		Costed Cases		Metrics 2006/2007	
		2006/ 2007	*2005/ 2006	2006/ 2007	2005/ 2006	Activity Volume	Standard Deviation
856	MANAGEMENT GENERAL RESPIRATORY 18 < 65 YEARS	151	146	8,878	8,287	47,704	182
857	MANAGEMENT GENERAL RESPIRATORY 65 + YEARS	258	241	3,639	3,509	14,234	246
863	DIAG INV SEVERE RESPIRATORY DISEASE	340	433	104	188	552	226
864	MANAGEMENT SEVERE RESPIRATORY DISEASE	265	341	166	523	3,576	265
901	DIAG INV SKIN & SOFT TISSUE	229	227	4,411	5,182	17,552	159
902	MANAGEMENT SKIN & SOFT TISSUE	87	90	40,892	37,310	172,139	125
906	CELLULITIS	144	149	5,399	5,502	22,989	136
951	DIAG INV SYSTEMIC INFECTION	306	304	1,355	1,850	3,567	164
952	MANAGEMENT SYSTEMIC INFECTION < 18 YEARS	95	143	4,251	7,220	17,402	84
953	MANAGEMENT SYSTEMIC INFECTION 18 < 45 YEARS	112	114	1,565	1,313	6,003	106
954	MANAGEMENT SYSTEMIC INFECTION 45 + YEARS	113	117	1,517	954	3,985	128
955	DIAG INV AIDS	328	341	150	128	174	225
956	MANAGEMENT AIDS	148	150	2,472	2,525	6,730	132
1001	OPEN FRACTURE FINGERS & TOES	185	188	92	75	376	154
1002	CLOSED FRACTURE FINGERS & TOES	118	125	2,493	2,324	7,826	71
1003	FRACTURED NOSE, OPEN & CLOSED	147	148	398	446	1,503	121
1004	OPEN FRACTURE & DISLOCATIONS OTHER	211	203	422	418	1,494	126
1005	CLOSED FRACTURE & DISLOCATIONS OTHER	180	181	11,671	11,922	50,263	138
1007	OPEN WOUNDS WITHOUT COMPLICATIONS	83	88	6,496	5,324	28,196	94
1008	OPEN WOUND WITH COMPLICATIONS	106	113	1,260	903	5,066	92
1009	SPRAINS	147	146	17,049	14,597	68,968	107
1010	CONTUSIONS FINGERS/TOES	113	114	1,392	1,197	5,782	57
1011	CONTUSIONS EXCEPT FINGERS/TOES	145	144	13,004	10,630	42,815	117

Alberta Case Cost For 2005/2006 Hospital Activity

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
411	MANAGEMENT GENERAL GASTROINTESTINAL 65 + YEARS	136	153	3,885	3,460	18,934	135
412	CONSTIPATION WITH DISIMPACTION	431	411	24	31	77	279
413	GI BLEED/PERFORATION/OBSTRUCTION	195	233	1,492	1,512	12,264	205
451	DIAG INV HEMATOLOGICAL	361	402	434	419	1,153	330
452	MANAGEMENT HEMATOLOGICAL 0 < 6 YEARS	202	215	940	832	2,188	215
453	MANAGEMENT HEMATOLOGICAL 6 < 12 YEARS	219	196	920	954	1,782	250
454	MANAGEMENT HEMATOLOGICAL 12 < 18 YEARS	218	227	710	993	1,639	264
455	MANAGEMENT HEMATOLOGICAL 18 < 65 YEARS	154	193	4,230	5,076	12,512	192
456	MANAGEMENT HEMATOLOGICAL 65 + YEARS	118	170	1,971	2,402	6,940	145
501	DIAG INV HEPATO BILIARY	493	551	977	898	2,133	229
502	MANAGEMENT HEPATO BILIARY	84	92	5,880	5,814	17,475	107
551	DIAG INV INFLAM MUSCULOSKELETAL 0 < 6 YEARS	538	350	21	14	72	477
553	DIAG INV INFLAM MUSCULOSKELETAL 6 < 12 YEARS	566	269	35	47	164	1,018
554	DIAG INV INFLAM MUSCULOSKELETAL 12 < 18 YEARS	279	239	60	61	244	307
555	DIAG INV INFLAM MUSCULOSKELETAL 18 + YEARS	230	242	1,806	1,734	7,050	132
556	DIAG INV OTHER MUSCULOSKELETAL < 18 YEARS	145	136	7,149	7,457	18,651	98
557	DIAG INV OTHER MUSCULOSKELETAL 18 + YEARS	152	154	33,137	30,744	82,262	89
558	YEARS	181	152	161	139	432	291
560	MANAGEMENT INFLAM MUSCULOSKELETAL 6 < 12 YEARS	185	125	263	192	866	289
561	MANAGEMENT INFLAM MUSCULOSKELETAL 12 < 18 YEARS	132	108	303	291	1,272	236

Alberta Case Cost For 2005/2006 Hospital Activity

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
562	MANAGEMENT INFLAM MUSCULOSKELETAL 18 + YEARS	76	81	12,640	11,486	41,312	81
563	YEARS	78	78	5,260	5,026	21,298	147
564	YEARS	66	65	39,660	39,499	126,186	90
565	DEFORMITIES	277	346	45	42	865	285
566	DEFORMITIES	287	222	414	273	3,719	266
567	DIAG INV OTHER INFLAM MUSCULOSKELETAL	202	221	712	765	2,999	143
568	MANAGEMENT OTHER INFLAM MUSCULOSKELETAL	90	107	2,198	2,077	12,509	127
569	INFECTIOUS MUSCULOSKELETAL	185	168	1,170	1,233	1,913	258
601	DIAG INV GENERAL NEUROLOGY	318	305	520	532	2,485	433
602	MANAGEMENT GENERAL NEUROLOGY 0 < 6 YEARS	124	138	1,222	1,115	3,800	146
603	MANAGEMENT GENERAL NEUROLOGY 6 < 12 YEARS	146	162	1,141	1,138	3,222	168
604	MANAGEMENT GENERAL NEUROLOGY 12 < 18 YEARS	133	140	920	751	2,903	218
605	MANAGEMENT GENERAL NEUROLOGY 18 < 65 YEARS	109	129	4,815	4,754	38,192	105
606	MANAGEMENT GENERAL NEUROLOGY 65 + YEARS	168	192	2,056	2,176	12,271	205
607	MIGRAINE HEADACHE	117	124	3,863	4,159	24,037	105
608	DIAG INV HEADACHE	305	320	137	165	532	252
609	MANAGEMENT HEADACHE	93	107	4,222	4,359	17,723	81
610	DIAG INV MENINGITIS	551	543	2	7	15	409
611	MANAGEMENT MENINGITIS	150	169	84	131	221	206
612	DIAG INV CEREBROVASCULAR	466	437	582	509	1,533	280
613	MANAGEMENT CEREBROVASCULAR	186	186	7,477	7,227	16,281	142
614	DIAG INV CONVULSIONS	350	384	183	214	515	157

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
615	MANAGEMENT CONVULSIONS	162	156	5,864	5,911	17,330	165
616	DIAG INV VERTIGO	403	406	267	272	890	213
617	MANAGEMENT VERTIGO	151	175	3,005	2,982	12,434	115
651	ANTEPARTUM ROUTINE	138	120	764	1,270	32,300	139
652	POSTPARTUM ROUTINE	137	144	462	374	1,682	120
653	DIAG INV NEONATAL & CONGENITAL	318	303	82	93	176	191
654	MANAGEMENT NEONATAL & CONGENITAL	138	160	1,080	962	4,878	129
656	DELIVERY WITH POSTPARTUM COMPLICATIONS	141	214	14	11	128	79
657	DELIVERY WITHOUT POSTPARTUM COMPLICATIONS	370	81	9	2	77	295
658	UNCOMPLICATED	129	128	2,363	2,174	4,881	125
659	DIAG INV PREGNANCY WITH ABORTIVE	468	554	339	273	1,148	200
660	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES UNCOMPLICATED	175	218	625	602	2,666	116
662	DIAG INV ANTEPARTUM	376	404	4,893	3,894	7,594	176
663	MANAGEMENT ANTEPARTUM	163	149	18,148	18,659	56,082	161
664	DIAG INV PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	494	471	59	35	259	192
665	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	204	266	133	121	498	173
701	DIAG INV ONCOLOGICAL	353	346	410	427	1,043	246
702	MANAGEMENT ONCOLOGICAL	166	193	3,609	3,722	8,956	187
703	RADIOTHERAPY (INCLUDES DIAGNOSIS CODE V58.0)	416	.	4	.	26	0
704	IV THERAPY - NON CANCER RELATED	132	142	50,710	45,984	182,747	421
751	DIAG INV OPHTHALMOLOGY 0 < 12 YEARS	205	193	100	99	161	210

Alberta Case Cost For 2005/2006 Hospital Activity

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
752	DIAG INV OPHTHALMOLOGY 12 < 18 YEARS	195	178	130	105	162	116
753	DIAG INV OPHTHALMOLOGY 18 < 45 YEARS	202	205	1,047	1,022	1,234	115
754	DIAG INV OPHTHALMOLOGY 45 + YEARS	198	218	7,805	6,822	8,317	84
755	MANAGEMENT OPHTHALMOLOGY 0 < 12 YEARS	88	95	4,944	4,253	20,066	60
756	MANAGEMENT OPHTHALMOLOGY 12 < 18 YEARS	88	90	1,648	1,323	4,834	99
757	MANAGEMENT OPHTHALMOLOGY 18 < 45 YEARS	80	93	9,053	7,532	20,957	80
758	MANAGEMENT OPHTHALMOLOGY 45 + YEARS	103	115	30,138	27,668	40,474	92
801	DIAG INV PSYCHIATRY	329	332	428	472	1,388	181
802	MANAGEMENT PSYCHIATRY	155	129	13,090	26,615	50,873	153
803	DRUG & ALCOHOL RELATED CONDITIONS	259	280	4,419	4,294	15,195	205
851	DIAG INV GENERAL RESPIRATORY < 18 YEARS	281	279	4,256	3,890	9,788	158
852	DIAG INV GENERAL RESPIRATORY 18 + YEARS	309	335	9,311	9,234	34,367	178
853	MANAGEMENT GENERAL RESPIRATORY 0 < 1.5 YEARS	159	162	2,821	2,734	8,001	117
854	MANAGEMENT GENERAL RESPIRATORY 1.5 < 6 YEARS	170	166	5,589	4,958	15,814	141
855	MANAGEMENT GENERAL RESPIRATORY 6 < 18 YEARS	166	162	4,861	4,148	18,921	143
856	YEARS	140	154	8,287	6,314	49,901	152
857	MANAGEMENT GENERAL RESPIRATORY 65 + YEARS	231	226	3,509	2,917	14,808	203
863	DIAG INV SEVERE RESPIRATORY DISEASE	416	414	188	304	598	207
864	MANAGEMENT SEVERE RESPIRATORY DISEASE	328	298	523	502	4,511	201
901	DIAG INV SKIN & SOFT TISSUE	219	232	5,182	4,830	15,738	128
902	MANAGEMENT SKIN & SOFT TISSUE	86	98	37,310	35,033	166,912	83
906	CELLULITIS	143	161	5,502	5,064	22,621	134
951	DIAG INV SYSTEMIC INFECTION	292	320	1,850	1,968	3,832	157

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
952	MANAGEMENT SYSTEMIC INFECTION < 18 YEARS	138	144	7,220	7,069	17,675	113
953	MANAGEMENT SYSTEMIC INFECTION 18 < 45 YEARS	109	134	1,313	1,202	6,048	105
954	MANAGEMENT SYSTEMIC INFECTION 45 + YEARS	113	133	954	650	2,876	103
955	DIAG INV AIDS	328	306	128	132	146	274
956	MANAGEMENT AIDS	144	154	2,525	2,502	6,488	155
1001	OPEN FRACTURE FINGERS & TOES	181	193	75	73	350	114
1002	CLOSED FRACTURE FINGERS & TOES	120	121	2,324	2,498	7,982	72
1003	FRACTURED NOSE, OPEN & CLOSED	142	148	446	423	1,573	143
1004	OPEN FRACTURE & DISLOCATIONS OTHER	195	209	418	413	1,407	103
1005	CLOSED FRACTURE & DISLOCATIONS OTHER	174	188	11,922	11,657	50,630	107
1007	OPEN WOUNDS WITHOUT COMPLICATIONS	85	113	5,324	4,789	25,899	82
1008	OPEN WOUND WITH COMPLICATIONS	108	132	903	888	4,647	86
1009	SPRAINS	140	158	14,597	14,008	70,462	90
1010	CONTUSIONS FINGERS/TOES	110	120	1,197	1,170	6,280	50
1011	CONTUSIONS EXCEPT FINGERS/TOES	138	158	10,630	9,793	44,174	106
1012	OPEN WOUND EYE	75	114	261	304	994	74
1013	FOREIGN BODY EYES, EARS, NOSE	67	91	1,084	781	5,976	51
1014	FOREIGN BODY EXCEPT EYES, EARS, NOSE	159	174	828	766	2,557	134
1015	DIAG INV POISONING	488	488	326	305	885	326
1016	MANAGEMENT POISONING	231	279	4,632	3,911	15,629	229
1017	AMPUTATION EXCEPT FINGERS/TOES	142	140	4	1	19	91
1018	ABUSE/SEXUAL ASSAULT 0 < 12 YEARS	271	399	366	308	452	269
1019	ABUSE/SEXUAL ASSAULT 12+ YEARS	199	314	357	340	802	162

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1020	BURN MODERATE TO SEVERE	109	116	81	109	424	110
1021	MINOR OTHER INJURIES	139	163	8,921	7,283	41,837	147
1022	MODERATE OTHER INJURIES	382	514	1,495	1,270	4,733	1,240
1024	COMAS	199	326	23	36	113	177
1025	SHOCK	240	239	296	255	1,028	166
1027	CLOSED SPINAL FRACTURE & DISLOCATION	295	308	203	217	1,100	170
1028	DIAG INV HEAD INJURY	299	293	426	408	2,505	153
1029	MANAGEMENT HEAD INJURY	101	116	3,120	2,880	11,106	80
1030	DIAG INV THORACO-ABDOMINAL & MAJOR VASCULAR	295	380	85	98	339	172
1031	MANAGEMENT THORACO-ABDOMINAL & MAJOR VASCULAR	122	143	1,346	1,125	5,019	97
1032	BURN MINOR 0 < 6 YEARS	133	141	285	235	1,039	114
1033	BURN MINOR 6 + YEARS	83	98	1,302	1,103	7,086	75
1034	DIAG INV MAJOR OTHER INJURIES	322	287	28	22	85	293
1035	MANAGEMENT MAJOR OTHER INJURIES	244	220	160	164	414	193
1051	ASSESSMENT REFERRAL	80	94	1,293	1,368	1,666	65
1052	ASSESSMENT INTAKE	253	260	8,731	9,014	27,589	192
1053	ASSESSMENT COLLATERAL	158	186	109	77	1,186	102
1056	ASSESSMENT SPECIALIZED	249	235	3,446	3,523	5,753	243
1057	INDIVIDUAL THERAPY	87	99	46,292	34,333	137,290	86
1060	COUPLE THERAPY	171	210	159	148	1,565	77
1061	FAMILY THERAPY	227	236	752	945	5,428	169
1062	GROUP THERAPY	31	28	100,523	92,288	214,279	39

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1063	ECT	309	334	1,510	1,236	2,087	124
1064	MEDICATION ADMINISTRATION	149	175	7,261	7,770	20,043	69
1065	SUPERVISION	88	99	10,500	15,807	38,289	86
1069	DIAGNOSTIC TESTING/SCORING TESTING TYPE 1	211	197	277	312	643	197
1070	DIAGNOSTIC TESTING/SCORING TESTING TYPE 2	635	648	81	121	385	324
1071	DIAGNOSTIC TESTING/SCORING TESTING TYPE 3	1,249	1,386	51	64	738	208
1072	THERAPEUTIC MILIEU PROGRAMS HALF DAY	70	76	2,975	804	19,222	33
1073	THERAPEUTIC MILIEU PROGRAMS FULL DAY	516	.	2	.	2	189
1074	MENTAL HEALTH EDUCATION 0-120 MIN	85	91	9,942	9,230	10,569	86
1075	MENTAL HEALTH EDUCATION 121-240 MIN	339	550	18	19	18	181
1076	MENTAL HEALTH EDUCATION 241-360 MIN	859	.	1	.	1	0
1078	MENTAL HEALTH RE-ASSESSMENT	264	.	217	.	3,132	104
1101	OT GROUP 1	20	20	14,912	14,508	35,316	10
1102	OT GROUP 2	53	49	13,427	13,884	42,478	63
1103	OT GROUP 3	72	70	5,234	4,273	15,701	27
1104	OT GROUP 4	176	170	17,098	16,511	62,718	188
1105	OT GROUP 5	210	205	1,170	1,200	6,565	149
1106	OT GROUP 6	376	364	602	647	3,265	214
1111	PHYSICAL THERAPY GROUP 1	33	33	22,810	25,561	213,660	28
1112	PHYSICAL THERAPY GROUP 2	52	53	25,683	27,239	244,138	33
1113	PHYSICAL THERAPY GROUP 3	64	67	6,385	6,126	40,983	29
1114	PHYSICAL THERAPY GROUP 4	129	123	19,175	19,650	150,404	123
1115	PHYSICAL THERAPY GROUP 5	176	176	1,101	1,193	7,381	117



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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1116	PHYSICAL THERAPY GROUP 6	334	318	446	494	4,035	215
1121	RECREATIONAL THERAPY GROUP 1	22	21	6,207	6,156	9,413	7
1122	RECREATIONAL THERAPY GROUP 2	47	44	3,133	3,554	4,540	13
1123	RECREATIONAL THERAPY GROUP 3	66	62	281	269	518	13
1124	RECREATIONAL THERAPY GROUP 4	132	117	1,193	1,227	2,394	72
1125	RECREATIONAL THERAPY GROUP 5	186	182	59	71	432	86
1126	RECREATIONAL THERAPY GROUP 6	341	268	15	31	290	141
1131	SPEECH-LANGUAGE PATHOLOGY GROUP 1	32	42	3,007	3,046	35,736	9
1132	SPEECH-LANGUAGE PATHOLOGY GROUP 2	70	63	6,053	5,713	107,276	14
1133	SPEECH-LANGUAGE PATHOLOGY GROUP 3	97	103	275	349	5,249	20
1134	SPEECH-LANGUAGE PATHOLOGY GROUP 4	269	259	11,461	11,649	126,680	219
1135	SPEECH-LANGUAGE PATHOLOGY GROUP 5	264	271	443	444	4,858	141
1136	SPEECH-LANGUAGE PATHOLOGY GROUP 6	555	515	326	340	3,343	362
1141	AUDIOLOGY GROUP 1	46	54	129	138	4,880	7
1142	AUDIOLOGY GROUP 2	74	84	2,340	1,999	10,271	20
1143	AUDIOLOGY GROUP 3	293	295	6,088	5,756	9,511	221
1144	AUDIOLOGY GROUP 4	654	676	302	273	317	362
1151	RESP THERAPY GROUP 1	29	49	5,160	6,115	13,854	70
1152	RESP THERAPY GROUP 2	53	83	9,993	10,084	34,236	74
1153	RESP THERAPY GROUP 3	78	69	6,215	5,133	17,803	87
1154	RESP THERAPY GROUP 4	121	141	7,141	7,271	22,713	90
1155	RESP THERAPY GROUP 5	161	173	3,312	2,957	7,652	95
1156	RESP THERAPY GROUP 6	345	351	3,172	2,492	6,183	277

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1201	CLINICAL NUTRITION GROUP 1	29	31	17,620	20,125	27,326	22
1202	CLINICAL NUTRITION GROUP 2	61	66	12,062	13,248	31,846	33
1203	CLINICAL NUTRITION GROUP 3	91	109	3,448	2,925	9,911	50
1204	CLINICAL NUTRITION GROUP 4	160	172	10,438	11,812	25,751	84
1205	CLINICAL NUTRITION GROUP 5	209	213	1,533	1,314	4,289	90
1206	CLINICAL NUTRITION GROUP 6	326	330	409	426	937	190
1221	SOCIAL WORK GROUP 1	55	55	10,705	10,933	18,125	39
1222	SOCIAL WORK GROUP 2	129	119	7,492	7,925	17,103	75
1223	SOCIAL WORK GROUP 3	208	205	1,395	1,356	3,023	102
1224	SOCIAL WORK GROUP 4	361	323	1,145	1,087	2,483	170
1225	SOCIAL WORK GROUP 5	476	396	144	116	428	214
1226	SOCIAL WORK GROUP 6	845	627	36	17	157	461
1241	PSYCHOLOGY GROUP 1	69	63	4,552	4,328	7,872	47
1242	PSYCHOLOGY GROUP 2	185	172	3,473	3,813	6,324	70
1243	PSYCHOLOGY GROUP 3	313	284	800	836	1,211	126
1244	PSYCHOLOGY GROUP 4	680	598	2,410	2,455	4,759	461
1245	PSYCHOLOGY GROUP 5	838	824	275	303	458	441
1246	PSYCHOLOGY GROUP 6	1,542	1,834	110	129	199	851
1247	PSYCHOLOGY GROUP 7	507	537	104	88	183	345
1248	PSYCHOLOGY GROUP 8	587	628	59	72	59	316
1249	PSYCHOLOGY GROUP 9	930	764	51	45	51	415
2001	CRITICAL CARE UNIT OR O.R. WITH SECONDARY DIAGNOSIS	624	505	1,285	1,500	4,791	564

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
2002	CRITICAL CARE UNIT OR O.R. WITHOUT SECONDARY DIAGNOSIS	417	562	2,011	2,204	4,957	665
2003	OTHER UNIT WITH SECONDARY DIAGNOSIS	487	458	17,707	17,125	72,004	374
2004	OTHER UNIT WITHOUT SECONDARY DIAGNOSIS	375	387	18,367	16,941	71,572	343
2021	DOA	28	117	68	22	501	16
2022	DIED DURING VISIT	406	363	184	199	720	476
2023	DEATH - ORGAN DONOR	.	31	.	1	.	0
2041	PATIENT TRANSFERRED WITH SECONDARY DIAGNOSIS	574	558	3,147	2,937	16,342	474
2042	DIAGNOSIS	454	485	2,215	2,328	9,090	440
2050	DIAG INV GENERAL SYMPTOMS/EXAM	285	272	10,100	10,746	14,863	141
2051	MANAGEMENT GENERAL SYMPTOMS/EXAM < 18 YEARS	214	195	4,776	7,750	18,250	263
2052	MANAGEMENT GENERAL SYMPTOMS/EXAM 18 < 45 YEARS	138	123	7,685	8,762	33,717	164
2053	MANAGEMENT GENERAL SYMPTOMS/EXAM 45 < 65 YEARS	144	126	10,162	9,222	35,943	164
2054	MANAGEMENT GENERAL SYMPTOMS/EXAM 65+ YEARS	183	168	8,349	9,136	28,788	446
2059	PROPHYLACTIC VACCINATION	184	141	5,254	2,857	24,512	172
2060	THERAPEUTIC MEDICAL COUNSELING	130	163	7,782	5,951	70,655	144
2062	PREOPERATIVE EXAM	228	238	36,552	40,861	92,648	192
2064	THERAPY - NO INTERVENTION CODE	62	140	7,522	11,843	33,497	66
2066	CONTACT/CARRIER OF COMMUNICABLE DISEASE	106	153	281	258	1,386	160

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
2067	HEALTH HAZARD RELATED TO PERSONAL/FAMILY HISTORY	1,220	2,609	862	1,058	2,291	2,320
2068	ROUTINE HEALTH SUPERVISION	83	85	11,577	10,861	15,367	125
2069	POSTSURGICAL STATUS	262	161	11,120	8,643	60,525	859
2070	FOLLOW-UP/CONVALESCENCE	79	95	22,527	18,946	42,721	114
2071	SCREENING EXAM	177	200	4,216	4,024	12,350	103
2073	GENETIC COUNSELLING	1,171	1,138	1,732	1,771	1,732	864
2082	MODE OF SERVICE - TELEPHONE	60	56	193,927	186,234	447,630	92
2099	PATIENT LEFT WITHOUT BEING SEEN	15	130	87	700	6,872	0
99	UNGROUPABLES - BASED ON INTERVENTIONS	3,030	2,555	103	81	172	4,022
999	UNGROUPABLE	60	127	6	24	166	26
Total Records				2,043,964	1,993,122	6,878,808	